

## Agencies Providing Residential Supports for Individuals with DD Butler County, Ohio

**Directory Information:**

Agency Name: Moonstar Transportation LLC  
 Local Address: 6161 Busch Blvd. Suite #313  
 City, State, Zip: Columbus, OH 43229  
 Telephone: 614-947-1381  
 Web address: moonstarcolumbus.wordpress.com  
 Fax: 614-947-1382  
 Local Director: Evie Cunningham  
 Email: moonstar\_llc@ymail.com  
 Local Agency Intake Name if Different:  
 Office hours:

**Staff Supports Provided:**
**Number of Individuals Served/Program:**

(Check those that apply in Butler Co.)

Services listed are provided in the individual's home unless otherwise specified.

	Current No. Served	Accepting New Referrals	
IO Waiver <input type="checkbox"/>	0	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care <input type="checkbox"/>	5	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level 1 Homemaker/ Homemaker/Personal Care <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foster Care <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Services <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Group Home (4-6 people) <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ICF/MR <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Planned Respite Care <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Respite Care <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leisure/Recreation <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation <input type="checkbox"/>	40	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	# of Bldgs.	# Individuals Per building	# Served	Capacity
Licensed Group Home	_____	_____	_____	_____
Licensed ICF/MR	_____	_____	_____	_____

TOTAL SERVED

Planned Respite Care Capacity: \_\_\_\_\_

Emergency Respite Care Capacity: \_\_\_\_\_

 Day Habilitation/Supported Employment Yes  No 

**Refer Butler County DD Adult Services link for more information.**

**Main Office Information** (if applicable)

Address:  
 City, State, Zip:  
 Telephone:  
 Chief Executive Officer  
 Office hours:

<b>Counties/States Served by Agency:</b> <u>County/City/State</u> <u>No. Served</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Franklin County                      350 </div>	<b>Agency Type:</b> Ownership: Private Proprietary <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/>  Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/>
<b>History:</b> Total years providing services: 4 Years providing service in Butler Co.: 0	(if Private Proprietary or Partnership) Owner Name(s):

**Experienced in providing services to individuals with: (Check those that apply)**

Autistic Behavior	<input checked="" type="checkbox"/>	Behavioral Challenges	<input checked="" type="checkbox"/>
Brain Injury	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Children	<input type="checkbox"/>	Medically Fragile	<input checked="" type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Mental Retardation	<input checked="" type="checkbox"/>	Physical Impairment	<input checked="" type="checkbox"/>
Seniors	<input checked="" type="checkbox"/>	Visual Impairment	<input checked="" type="checkbox"/>
Developmental Disability	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

**Direct Service Staff Information: (Butler County Staff only)**  
Educational / Experience Requirements for Direct Service Staff:

Description of Agency Orientation:

Do Direct Service staff drive?     Yes     No  
If YES, what are the driving requirements?

Are they covered under the agency auto policy?     Yes     No

Standard requirements for all Direct Service Staff:  
18 or older, BCII background check, Nurse Aid Registry check,  
Abuser Registry Check, HS Diploma, SS Card, 8 hours of pre-service  
training

Average In-service Training Hours Per Year:

Number of Direct Service Staff (Full-time equivalents):

Staff Length of Service:	Years	No. of Staff
	0 – 1 yrs	_____
	1 – 3 yrs	_____
	3 – 5 yrs	_____
	5 + yrs	_____

Average Turnover per Year: \_\_\_\_\_

Number of terminations per year  
----- X 100  
Average number of employees

Pay Range:

Benefits Offered:

**Describe Supervisory/Administrative Structure:** (Butler County Staff Only)

Describe Additional Educational / Experience/Training Requirements for Frontline Supervisory Staff:

Average In-service Training Hours Per Year:

Average Number of Sites Supervised:

Average Number of Individuals Served:

Ratio of Frontline Supervisory Staff to Frontline Staff:

Average Length of Service:

Average Turnover per Year:

**Service Recipient References:**

Name:   
Address:   
City, State, Zip:   
Telephone:

Name:   
Address:   
City, State, Zip:   
Telephone:

**Other:**  
Name:   
Address:   
City, State, Zip:   
Telephone:

**Family/Guardian/Advocate References:**

Name:   
Address:   
City, State, Zip:   
Telephone:

Name:   
Address:   
City, State, Zip:   
Telephone:

**Other:**  
Name:   
Address:   
City, State, Zip:   
Telephone:

**Additional Information About the Agency:**

**Agency Mission/Philosophy:**

It is the mission of the agency to provide client-centered, quality, comprehensive care services in the home.

**Supervision/Support Provided to Direct Service Staff:**

**Accreditation/Licensure Status: (if applicable)**

**Internal System for Quality Assurance:**

**System for Accounting and Auditing Individual Finances:**

**Additional Agency Information:**

Founded in 2007, Moonstar Transportation is a growing agency that is certified by the ODDD (Ohio Department of Developmental Disability) to provide programs, services and supports for eligible adults and their families so individuals with developmental disabilities can live, work, learn and participate in the community, as is their inherent right.

**Agency is certified by DODD as:**

- Supported Living provider
- Individual Options Waiver Services provider
- Level 1 Waiver
- Transportation provider for Supported living
- Other (specify) : Adult Day Care, Vocational Habilitation & Interpreter Services

**For additional information, please visit our agency website at:**

moonstarcolumbus.wordpress.com