

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

Directory Information:

Agency Name: Catholic Residential Services
 Local Address: 100 East 8th Street
 City, State, Zip: Cincinnati, OH, 45202
 Telephone: 513-784-0400
 Web address: catholicresidentialservices.org
 Fax: 513-333-3172
 Local Director: Amy Linz and Peggy Fryer
 Email: catholicresed@fuse.net
 Local Agency Intake Name if Different:
 Office hours: 8:30am - 4:30pm

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 checked="" type="checkbox"/>	36	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care			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 checked="" type="checkbox"/>	4	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Leisure/Recreation	<input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

	# of Bldgs.	# Individuals Per building	# Served	Capacity
Licensed Group Home	1	4	4	4
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:

<p>Counties/States Served by Agency: <u>County/City/State</u> <u>No. Served</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Hamilton Co Cincinnati, OH</td> <td style="text-align: center; padding: 2px;">36</td> </tr> <tr> <td style="padding: 2px;">Butler Co OH</td> <td style="text-align: center; padding: 2px;">0</td> </tr> </table> <p>History: Total years providing services: 19 Years providing service in Butler Co.:</p>	Hamilton Co Cincinnati, OH	36	Butler Co OH	0	<p>Agency Type: Ownership: Private Proprietary <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/></p> <p>Profit <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/></p> <hr/> <p>(if Private Proprietary or Partnership) Owner Name(s):</p>																								
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<p>Experienced in providing services to individuals with: (Check those that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Autistic Behavior</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Behavioral Challenges</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Brain Injury</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Cerebral Palsy</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Children</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Medically Fragile</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Hearing Impairment</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Mental Illness</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mental Retardation</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Physical Impairment</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Seniors</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Visual Impairment</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Developmental Disability</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Other:</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Autistic Behavior	<input checked="" type="checkbox"/>	Behavioral Challenges	<input checked="" type="checkbox"/>	Brain Injury	<input checked="" type="checkbox"/>	Cerebral Palsy	<input checked="" type="checkbox"/>	Children	<input checked="" type="checkbox"/>	Medically Fragile	<input checked="" type="checkbox"/>	Hearing Impairment	<input checked="" type="checkbox"/>	Mental Illness	<input 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"/>
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<p>Direct Service Staff Information: (Butler County Staff only) Educational / Experience Requirements for Direct Service Staff:</p> <p>Description of Agency Orientation:</p> <p>Do Direct Service staff drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what are the driving requirements?</p> <p>Are they covered under the agency auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Average In-service Training Hours Per Year:</p> <p>Number of Direct Service Staff (Full-time equivalents):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Staff Length of Service:</th> <th style="text-align: left;">Years</th> <th style="text-align: left;">No. of Staff</th> </tr> </thead> <tbody> <tr> <td></td> <td>0 – 1 yrs</td> <td>_____</td> </tr> <tr> <td></td> <td>1 – 3 yrs</td> <td>_____</td> </tr> <tr> <td></td> <td>3 – 5 yrs</td> <td>_____</td> </tr> <tr> <td></td> <td>5 + yrs</td> <td>_____</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p>Number of terminations per year ----- X 100 Average number of employees</p> </div> <p>Average Turnover per Year: _____</p> <p>Pay Range:</p> <p>Benefits Offered:</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	_____		1 – 3 yrs	_____		3 – 5 yrs	_____		5 + yrs	_____													
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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: Barb Chiodi
Address: 5591 Colerain Ave
City, State, Zip: Cinti, OH 45238
Telephone:

Name: Ruth Cramer
Address: 3334 Jessup Ave
City, State, Zip: Cinti., OH 45239
Telephone:

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

Family/Guardian/Advocate References:

Name: Anthony Chiodi
Address: 277 Greenwell Ave
City, State, Zip: Cinti., OH 45238
Telephone:

Name: Bill Cramer
Address: 6202 Baytown Drive
City, State, Zip: Cinti., OH 45247
Telephone:

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

Additional Information About the Agency:

Agency Mission/Philosophy:

Catholic Residential Services is dedicated to providing care for individuals with developmental disabilities. Our mission is to further the moral, intellectual, spiritual, and physical development of those we serve, by providing them with living arrangements, services and supports to help them achieve a maximum level of independence within the community.

Supervision/Support Provided to Direct Service Staff:

2 Co-Executive Directors
2 Program Managers
7 Home Coordinators
1 Activities Coordinator

Accreditation/Licensure Status: (if applicable)

BBB Accreditation
1 Licensed Home

Internal System for Quality Assurance:

Quality Control Committee through the Board of Directors
Quarterly QE's performed by Program Managers on each home

System for Accounting and Auditing Individual Finances:

According to HCDDS best practice
All accounts overseen by Business Manager

Additional Agency Information:

Catholic Residential Services is a progressive agency that constantly strives to raise the standard of care for individuals with developmental disabilities. To do this we provide our residents with assisted living supports, social and recreational options, opportunities for growth, and the option of going on an annual vacation. We have also incorporated several exercise/recreational programs specifically for the individuals we serve by partnering with community businesses.

Agency is certified by DODD as:

- Supported Living provider
- Individual Options Waiver Services provider
- Level 1 Waiver
- Transportation provider for Supported living
- Other (specify):

For additional information, please visit our agency website at:

catholicresidentialservices.org