

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

**Directory Information:**

Agency Name: Cherish Life Inc.  
 Local Address: 135 N. Broadway Street  
 City, State, Zip: Lebanon, OH 45036  
 Telephone: 513-836-3820  
 Web address: www.MyCherish.com  
 Fax: 513-836-3823  
 Local Director: Cherish L. Bowman  
 Email: cherish@mycherish.com  
 Local Agency Intake Name if Different: Dustin D. Bowman  
 Office hours: Monday through Friday from 10a to 3p

**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"/>	27	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care				
Level 1 Homemaker/ Homemaker/Personal Care	<input checked="" type="checkbox"/>	2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Foster Care	<input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Services	<input checked="" type="checkbox"/>	5	Yes <input checked="" 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"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	<u># of Bldgs.</u>	<u># Individuals Per building</u>	<u># Served</u>	<u>Capacity</u>
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;">         Warren County, Ohio - 28          Butler County, Ohio - 2       </div>	<b>Agency Type:</b> Ownership: Private Proprietary <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>  Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/>															
<b>History:</b> Total years providing services: 2 Years providing service in Butler Co.: 2	(if Private Proprietary or Partnership) Owner Name(s):															
<b>Experienced in providing services to individuals with: (Check those that apply)</b>																
Autistic Behavior <input checked="" type="checkbox"/> Brain Injury <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mental Retardation <input checked="" type="checkbox"/> Seniors <input type="checkbox"/> Developmental Disability <input checked="" type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/> Cerebral Palsy <input checked="" type="checkbox"/> Medically Fragile <input checked="" type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> Physical Impairment <input checked="" type="checkbox"/> Visual Impairment <input type="checkbox"/> Other: <input type="checkbox"/>															
<b>Direct Service Staff Information: (Butler County Staff only)</b> Educational / Experience Requirements for Direct Service Staff: Minimum High School Diploma/GED  Description of Agency Orientation: We offer a 3 day class for all new hires. They then have OJT.  Do Direct Service staff drive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, what are the driving requirements? Maximum 4-6 Points on license  Are they covered under the agency auto policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 40  Number of Direct Service Staff (Full-time equivalents): 35  <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><u>25</u></td> </tr> <tr> <td></td> <td>1 – 3 yrs</td> <td><u>5</u></td> </tr> <tr> <td></td> <td>3 – 5 yrs</td> <td><u>5</u></td> </tr> <tr> <td></td> <td>5 + yrs</td> <td><u>    </u></td> </tr> </tbody> </table>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	<u>25</u>		1 – 3 yrs	<u>5</u>		3 – 5 yrs	<u>5</u>		5 + yrs	<u>    </u>
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	5 + yrs	<u>    </u>														
Average Turnover per Year: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <math display="block">\frac{\text{Number of terminations per year}}{\text{Average number of employees}} \times 100</math> </div>																
Pay Range: \$8.50-\$10.50  Benefits Offered:																

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

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

Minimum 2 years experience working with people with disabilities. Prefer a college degree in a related field.

Average In-service Training Hours Per Year: 60-80

Average Number of Sites Supervised: 2

Average Number of Individuals Served: 15

Ratio of Frontline Supervisory Staff to Frontline Staff: 1:3

Average Length of Service: 2+ years

Average Turnover per Year: 0

**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:

Supervision/Support Provided to Direct Service Staff:

Staff have availability of supervisors 24/7. Staff are supported through a mentoring program aimed at older staff mentoring new staff.

Accreditation/Licensure Status: (if applicable)

Internal System for Quality Assurance:

System for Accounting and Auditing Individual Finances:

Additional Agency Information:

**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:**