

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

Directory Information:

Agency Name: CHOICES And GOALS Inc
 Local Address: 260 Northland Blvd suite 221
 City, State, Zip: Cinti, OHIO 45246
 Telephone: (513)771-1140
 Web address: choicesandgoals.com
 Fax: (513)898-9057
 Local Director: Mary McDonald
 Email: choicesandgoals@gmail.com
 Local Agency Intake Name if Different:
 Office hours: mon-fri 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.

	<input type="checkbox"/>	Current No. Served	Accepting New Referrals	
	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IO Waiver	<input type="checkbox"/>	2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level 1 Homemaker/ Homemaker/Personal Care	<input type="checkbox"/>	0	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foster Care	<input type="checkbox"/>	0	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"/>	2	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	# of Bldgs.	# Individuals Per building	# Served	Capacity
Licensed Group Home	0	0	0	0
Licensed ICF/MR	_____	_____	_____	_____

TOTAL SERVED 0 0

Planned Respite Care Capacity: 0

Emergency Respite Care Capacity: 0

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> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Hamilton, Cinti, Ohio</p> </div> <p>History: Total years providing services: 1 year Years providing service in Butler Co.: none</p>	<p>Agency Type:</p> <p>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>															
<p>Experienced in providing services to individuals with: (Check those that apply)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Autistic Behavior <input type="checkbox"/></td> <td style="width:50%;">Behavioral Challenges <input checked="" type="checkbox"/></td> </tr> <tr> <td>Brain Injury <input checked="" type="checkbox"/></td> <td>Cerebral Palsy <input type="checkbox"/></td> </tr> <tr> <td>Children <input checked="" type="checkbox"/></td> <td>Medically Fragile <input checked="" type="checkbox"/></td> </tr> <tr> <td>Hearing Impairment <input checked="" type="checkbox"/></td> <td>Mental Illness <input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Retardation <input checked="" type="checkbox"/></td> <td>Physical Impairment <input checked="" type="checkbox"/></td> </tr> <tr> <td>Seniors <input checked="" type="checkbox"/></td> <td>Visual Impairment <input checked="" type="checkbox"/></td> </tr> <tr> <td>Developmental Disability <input checked="" type="checkbox"/></td> <td>Other: <input type="checkbox"/></td> </tr> </table>		Autistic Behavior <input type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/>	Brain Injury <input checked="" type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Children <input checked="" type="checkbox"/>	Medically Fragile <input checked="" type="checkbox"/>	Hearing Impairment <input checked="" 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"/>	
Autistic Behavior <input type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/>															
Brain Injury <input checked="" type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>															
Children <input checked="" type="checkbox"/>	Medically Fragile <input checked="" type="checkbox"/>															
Hearing Impairment <input checked="" 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"/>															
<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 checked="" 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 checked="" 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): 2</p> <table style="width:100%; border: none;"> <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>1 _____</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;"> <p>Number of terminations per year ----- X 100 Average number of employees</p> </div> <p>Average Turnover per Year: <u>1 year</u></p> <p>Pay Range: \$9.00per hour-\$10.00</p> <p>Benefits Offered: none at this time</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	1 _____		1 – 3 yrs	_____		3 – 5 yrs	_____		5 + yrs	_____
Staff Length of Service:	Years	No. of Staff														
	0 – 1 yrs	1 _____														
	1 – 3 yrs	_____														
	3 – 5 yrs	_____														
	5 + yrs	_____														

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

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

At least two years experience in Developmental Disabilities

Average In-service Training Hours Per Year: 12

Average Number of Sites Supervised: 2

Average Number of Individuals Served: 2

Ratio of Frontline Supervisory Staff to Frontline Staff: 1:1 1:2, 2:4

Average Length of Service: 1 year

Average Turnover per Year: 1

Service Recipient References:

Name: Jodie Greene
Address: 784 Greenwood Ave apt#115
City, State, Zip: Cinti, OHIO 45229
Telephone: (513) 693-3478

Name: Mamie Camp
Address: 2242 Langdom Farm Rd
City, State, Zip: Cinti, OHIO 45237
Telephone: (513)731-8572

Other:
Name: James Camp
Address: 2242 Langdom Farm Rd
City, State, Zip: Cinti, OHIO 45237
Telephone: (513)731-8572

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:

Our mission is to serve people with disabilities/Assure that they are getting the best, and upmost service according to his/her my plan, and respect their choices and goals that they want to achieve in their lives.

Supervision/Support Provided to Direct Service Staff:

We make announced/unannounced house visits making sure that staff is meeting each of our individuals needs. We assure staff is abiding by the my plans, and documenting ISP's correctly, and making sure individuals homes are neat and clean, making sure that each individual have a emergency evacuation plan in place, as well as food, cleaning supplies, first-aid kits, and medications stored in a safe place.

Accreditation/Licensure Status: (if applicable)

Internal System for Quality Assurance:

Assure that all individuals personal records, and employees files are locked and put in a safe place, assure that all require documentations are on file showing all of the training that are required by state are in tact for each employee, such as trainings, proof of resident, BCI/FBI checks, required auto licenses, and insurance, High school diplomas/GED, and social security cards, Proof that each employee has training in I/

System for Accounting and Auditing Individual Finances:

Log sheets/records on each individuals finances, as well as bank statements, and records of each individuals income, where the monies is spent, and how much is spent on rent, food, clothing, hygiene products, utilities, and transportation, and personal spending.

Additional Agency Information:

We are small, but looking forward to growing, getting better, and spreading across to other counties.

Agency is certified by DODD as:

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

For additional information, please visit our agency website at:

choicesandgoals.com