

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

Directory Information:

Agency Name: Everyday Living, Inc.
 Local Address: 3481 Office Park Dr., Suite 203
 City, State, Zip: Dayton, OH 45439
 Telephone: 937-294-5677
 Web address: www.edloho.com
 Fax: 937-294-5687
 Local Director: Charlene M. Johnson
 Email: everydayliving@edloho.com
 Local Agency Intake Name if Different:
 Office hours: 9am-5pm

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"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care				
Level 1 Homemaker/ Homemaker/Personal Care	<input type="checkbox"/>	_____	Yes <input checked="" 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"/>	_____	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:

3481 Office Park Dr., Suite 203
 Dayton, OH 45439
 937-294-5677
 Charlene M. Johnson
 9am-5pm

<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;">Montgomery</td> <td style="text-align: center; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">Greene</td> <td style="text-align: center; padding: 2px;">1</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> <p>History: Total years providing services: 2 Years providing service in Butler Co.: 0</p>	Montgomery	4	Greene	1			<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>																						
Montgomery	4																												
Greene	1																												
<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 checked="" 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 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"/>
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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: Skills exam, drug test, review of policy manual, agency related req.</p> <p>Do Direct Service staff drive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, what are the driving requirements? Valid driver's license, proof of ins.</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: 10 hours</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 style="text-align: center;">1</td> </tr> <tr> <td></td> <td>1 – 3 yrs</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>3 – 5 yrs</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>5 + yrs</td> <td style="text-align: center;">_____</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: <u>13%</u></p> <p>Pay Range: 8.00-9.00</p> <p>Benefits Offered: None at the present time</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	1		1 – 3 yrs	2		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: 10

Average Number of Sites Supervised: 5

Average Number of Individuals Served: 5

Ratio of Frontline Supervisory Staff to Frontline Staff: 1 to 5

Average Length of Service: 2 years

Average Turnover per Year: 13%

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:

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:

www.edloho.com