

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

Directory Information:

Agency Name: gracious International Care Service
 Local Address: 260 Northland Blvd 333
 City, State, Zip: Cincinnati Ohio 45246
 Telephone: 513 782 0123
 Web address: www.gicshomecare.com
 Fax: 513 782 0124
 Local Director: Grace N Ajunwa
 Email: gics@zoomtown.com
 Local Agency Intake Name if Different:
 Office hours: 9am to 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.

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

	<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:

<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 CLERMONT, WARREN AND BULTER</p> </div> <p>History: Total years providing services: 8 months Years providing service in Butler Co.:</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 checked="" type="checkbox"/> Non-Profit <input 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	
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 checked="" 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 type="checkbox"/> Yes <input checked="" 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: 8 huors</p> <p>Number of Direct Service Staff (Full-time equivalents):</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>5 _____</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: 9.00</p> <p>Benefits Offered:</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	5 _____		1 – 3 yrs	_____		3 – 5 yrs	_____		5 + yrs	_____
Staff Length of Service:	Years	No. of Staff														
	0 – 1 yrs	5 _____														
	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:

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: KENNETH ALAN OSTER
Address: 1624 SHERMAN
City, State, Zip: CINCINNATI OHIO 45212
Telephone:

Name: DAVID JASON RINGSTAFF
Address: 5982 MEADOW CREEK DR.
City, State, Zip: MILFORD, OHIO 45150
Telephone: 513 722-8522

Other:
Name: JUSTIN CHANEY
Address: 6931 CHAPEL DR
City, State, Zip: CINCINNATI OH 45244.
Telephone:

Family/Guardian/Advocate References:

Name: LAURA
Address: 1624 SHERMAN
City, State, Zip: CINCINNATI OHIO 45212
Telephone: 513 238 4274

Name: STANLEY RINGSTAFF
Address: 5854 MONAFFAS RUN RD.
City, State, Zip: MILFORD, OHIO 45150
Telephone: 513 722-8522

Other:
Name: BARBARA CHANEY
Address: 6931 OLD CHAPEL DR.
City, State, Zip: CINCINNATI OH 45244
Telephone: 513 680-1337

Additional Information About the Agency:

Agency Mission/Philosophy:

GRACIOUS INTERNATIONAL CARE SERVICE MAY SOUND NEW IN THE BUSINESS BUT WELL EXPERIENCEED IN PARENT CARE. OUR PHILOSOPHY IS CLIENT FIRST,SO WE PROVIDE A KIND OF CARE THAT IS THOROUGHLY BASED ON NEEDS ASSESSMENT AND CAREFULLY TAILORED TO THE NEEDS OF INDIVIDUAL CONSUMER.

Supervision/Support Provided to Direct Service Staff:

BACK UP FOR DIRECT SERVICE STAFF
EVALUATION

Accreditation/Licensure Status: (if applicable)

BBB, STATE AND FEDERAL
DDS

Internal System for Quality Assurance:

SUPERVISORY VISIT AND DOCUMENTATION
IN-SERVICE TRAINING

System for Accounting and Auditing Individual Finances:

QUICKBOOKS

Additional Agency Information:

SERVICE WITH EXCELLENCE
COMPASSION
TEAMWORK
INTEGRITY
RESPECT

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: