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

Directory Information:
Agency Name: Northstar Care Services LLC dba "The Charleston Club"
Local Address: 7786 Service Center Dr.
City, State, Zip: 45069
Telephone: 513-755-9599
Web address: ctnmidwest@aol.com
Fax: 513-759-2120
Local Director: Hugh Clark
Email: ctnmidwest@aol.com
Local Agency Intake Name if Different:
Office hours: 7am- 6pm

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 Homemaker/Personal Care	☑	_____	Yes ☑	No ☐
Level 1 Homemaker/ Homemaker/Personal Care	☑	_____	Yes ☑	No ☐
Foster Care	☐	_____	Yes ☐	No ☐
Other Services	☐	_____	Yes ☐	No ☐
Licensed Group Home (4-6 people)	☐	_____	Yes ☐	No ☐
ICF/MR	☐	_____	Yes ☐	No ☐
Planned Respite Care	☐	_____	Yes ☐	No ☐
Emergency Respite Care	☐	_____	Yes ☐	No ☐
Leisure/Recreation	☑	_____	Yes ☑	No ☐
Transportation	☑	_____	Yes ☑	No ☐

	# of Bldgs.	# Individuals Per building	# Served	Capacity
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:

7786 Service Center Dr.
West Chester, Ohio, 45069
513-755-9599
Hugh Clark
7am - 6pm

Counties/States Served by Agency:

County/City/State_____ No. Served

History:

Total years providing services:

Years providing service in Butler Co.:

Agency Type:

Ownership: Private Proprietary ☐

Corporation ☐

Other (Specify) ☐

Profit ☐ Non-Profit ☐

(if Private Proprietary or Partnership)

Owner Name(s):

Experienced in providing services to individuals with: (Check those that apply)

Autistic Behavior	☐	Behavioral Challenges	☐
Brain Injury	☐	Cerebral Palsy	☐
Children	☐	Medically Fragile	☐
Hearing Impairment	☐	Mental Illness	☐
Mental Retardation	☐	Physical Impairment	☐
Seniors	☐	Visual Impairment	☐
Developmental Disability	☐	Other:	☐

Direct Service Staff Information: (Butler County Staff only)

Educational / Experience Requirements for Direct Service Staff:

Description of Agency Orientation:

Do Direct Service staff drive? ☐ Yes ☐ No

If YES, what are the driving requirements?

Are they covered under the agency auto policy? ☐ Yes ☐ 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:

Number of Direct Service Staff (Full-time equivalents):

Staff Length of Service:

Years	No. of Staff
0 – 1 yrs	____
1 – 3 yrs	____
3 – 5 yrs	____
5 + yrs	____

Average Turnover per Year: _____

$$\frac{\text{Number of terminations per year}}{\text{Average number of employees}} \times 100$$

Pay Range:

Benefits Offered:

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:
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: