

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

**Directory Information:**

Agency Name: TariCel Management Staffing, LLC

Local Address: 302 Northland Blvd

City, State, Zip: Cincinnati, OH 45246

Telephone: 513-772-7737

Web address: www.taricelmgststaffing.com

Fax: 513-772-7712

Local Director: Celine Piri

Email: cpiri@taricel.com

Local Agency Intake Name if Different:

Office hours: 8 – 5, M-F

**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"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Homemaker/Personal Care <input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Level 1 Homemaker/ Homemaker/Personal Care <input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Foster Care <input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Services <input checked="" type="checkbox"/>	_____	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 checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Emergency Respite Care <input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leisure/Recreation <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transportation <input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

	# 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:

<b>Counties/States Served by Agency:</b> <u>County/City/State</u> <u>No. Served</u> <div style="border: 1px solid black; height: 80px; width: 100%;"></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: May 2009 Years providing service in Butler Co.:	(if Private Proprietary or Partnership) Owner Name(s):

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

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"/>

**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	_____

Number of terminations per year  
 ----- X 100  
 Average number of employees

Average Turnover per Year: \_\_\_\_\_

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:**

[www.taricelmgstaffing.com](http://www.taricelmgstaffing.com)