



Wyoming  
Community Choices  
Home and Community Based Service Waivers

**Participant Directed Care Option  
Participant Profile**

Personal Care Tasks (Participant Only) Included in 2/3 of DSW time	Help Required			Time Required	Who will provide this service
	None	Limited	Extensive		
Dressing					
Daily Grooming					
Bathing and/or stand by assistance					
Teeth and oral hygiene					
Toileting and elimination					
Bowel or bladder care beyond routine toileting					
Safe transferring and ambulation					
Normal range and motion and positioning					
Nail and skin care					
Other – <b>Must be approved by Program Manager</b> (List)					
<b>Other Personal Care Services (Participant Only) Included in 2/3 of DSW time</b>					
Changing bed linens					
Grocery Shopping					
Preparing, serving food, assistance with eating – Ensuring adequate nutrition and fluid intake					
Meal clean-up (i.e. washing participants dishes, storing leftovers)					
Other – <b>Must be approved by Program Manager</b> (List)					
<b>Household and Other Tasks (Participant Only) Included in 1/3 of DSW time</b>					
Transport participant (to non-medical activities)					
Light house cleaning					
Laundry					
Shopping/Errands (participant does not accompany)					
Other – <b>Must be approved by Program Manager</b> (List)					
<b>TOTAL</b>					

I understand that this participant profile helps to set my Direct Service Worker service hours. The cost of extra services provided to me above these hours, is my responsibility unless approved by the Waiver Program in writing.

I understand that the participant directed option includes only my Community Choice Home and Community Based Waiver direct service worker services.

Participant Signature

Date

Case Manager Signature

Date