



Wyoming Community Choices Home and Community Based Service Waiver

Participant-Directed Care Option Participant Profile

Personal Care Tasks (Participant Only)	Service Required			Time Required to complete service by DSW	Who will provide service (i.e. DSW, Family, Home Health)
	None	Limited	Extensive		
Eating - Stand by assistance for supervision or physical assistance (<i>eating</i>)					
Preparing, serving food (<i>eating</i>)					
Bathing and/or stand by assistance (<i>bathing</i>)					
Daily Grooming (<i>grooming</i>)					
Nail and skin care (<i>grooming</i>)					
Teeth and oral hygiene (<i>grooming</i>)					
Dressing (<i>dressing</i>)					
Toileting and elimination (<i>toileting</i>)					
Bowel or bladder care beyond routine toileting (<i>toileting</i>)					
Safe transferring and ambulation (<i>functional mobility</i>)					
Preparing, serving food, assistance with eating (<i>meal preparation</i>)					
Meal clean-up (i.e. washing participants dishes, storing leftovers) (<i>meal preparation</i>)					
Grocery Shopping (<i>meal preparation</i>)					
Other Personal Care Services (Participant Only)					
Transport participant to family or community activities/non-medical (social interaction)					
Changing bed linens					
Normal range and motion and positioning					
Household and Other Tasks (Participant Only) May only be provided if personal care tasks (listed above) are being provided as outlined on the plan of care					
Light house cleaning (areas the participant frequents in the home)					
Laundry					
Shopping/Errands (participant does not accompany)					
TOTAL					

I understand that this participant profile helps set my Direct Service Worker (DSW) service hours. The cost of extra services provided to me in excess of the hours approved, is my responsibility to pay.

I understand that the participant-directed option includes only my Community Choice Home and Community Based Waiver Direct Service Worker (DSW) services.

Participant/Employer Signature

Date

Case Manager Signature

Date