

Wood County Board of DD Provider Information Form

Date: 4-16-12

1) **Agency/Individual Name:** A to Z Health Care, Inc
 Contact Person: Barb Herman
 Local Address: 955 Commerce Drive
Perrysburg, OH 43551
 Phone number: (419) 874-5227
 Fax number: (419) 874-6362
 E-Mail address: bherman@atozhealth.org
 Web Site address: www.atozhealth.org
 DODD Contract Number: 8700114

2) **Agency description and philosophy:**

3) **Funding Sources:** Supported Living IO Waiver Level 1 FSS/Self Pay

4) **Services Certified to Provide**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Homemaker/Personal Care | <input type="checkbox"/> Supported Employment-Community | <input type="checkbox"/> Adaptive/Assistive Equipment |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Supported Employment-Enclave | <input type="checkbox"/> Environmental Modification |
| <input checked="" type="checkbox"/> Respite Care | <input type="checkbox"/> Vocational/Habilitation | <input type="checkbox"/> Specialized Medical Equipment |
| <input type="checkbox"/> Adult Foster Care | <input type="checkbox"/> Non-Medical Transportation-Trip | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Remote Monitoring | <input type="checkbox"/> Non-Medical Transportation-Mile | <input type="checkbox"/> Interpreter |
| | <input type="checkbox"/> Adult Day Support | <input type="checkbox"/> Home Delivered Meals |
| | | <input checked="" type="checkbox"/> Social Work |

5) **Area(s) of Expertise/Specialty:**

- In home family supports
- Adult supported living – drop in support
- Adult supported living – 24-hour support
- Support to individuals with challenging behaviors
- Support to individuals with dual diagnosis
- Support to individuals with developmental disabilities other than mental retardation
- Support to individuals with other disabilities
- Other (Please specify): _____

6) **What services can you provide to new individuals in crisis? Within what time frames?**
