

# Wood County Board of DD Provider Information Form

Date: 4/23/12

1) **Agency/Individual Name:** Wood Lane Transportation  
 Contact Person: Scott McKeown  
 Local Address: 1921 E Gypsy Lane  
Bowling Green, Oh 43402  
 Phone number: 419-353-2414  
 Fax number: 419-353-7453  
 E-Mail address: [smckeown@woodlane.us](mailto:smckeown@woodlane.us)  
 Web Site address: [www.woodlane.us](http://www.woodlane.us)  
 DODD Contract Number: 8700016

## 2) Agency description and philosophy:

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

## 4) Services Certified to Provide

- |  |   |  |
|--|---|--|
| <input 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 type="checkbox"/> Respite Care            | <input type="checkbox"/> Vocational/Habilitation                    | <input type="checkbox"/> Specialized Medical Equipment |
| <input type="checkbox"/> Adult Foster Care       | <input checked="" type="checkbox"/> Non-Medical Transportation-Trip | <input type="checkbox"/> Nutrition                     |
| <input type="checkbox"/> Remote Monitoring       | <input checked="" type="checkbox"/> Non-Medical Transportation-Mile | <input type="checkbox"/> Interpreter                   |
|  | <input type="checkbox"/> Adult Day Support                          | <input type="checkbox"/> Home Delivered Meals          |
|  |   | <input 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?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_