

HOMECARE REGISTRY - INDIVIDUAL

Howard County Office on Aging

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician,
 LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-
 Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-
 Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Ade, Oyemade	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i>									Experience working with:												
<i>Information:</i> CAN and CMT									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>												
tundebukky@hotmail.com									Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>												
									Younger Person with Disability <input type="checkbox"/>												
Amara, Josephine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Monday-Friday 8pm-8am									Experience working with:												
<i>Information:</i>									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>												
									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>												
									Younger Person with Disability <input checked="" type="checkbox"/>												
Annoh, Nana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Anytime									Experience working with:												
<i>Information:</i> CPR									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>												
240-838-1707 H									Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>												
									Younger Person with Disability <input checked="" type="checkbox"/>												
Bandele, Christiana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Mon-Fri flex morning hrs; Sat morning, Sun after 3pm.									Experience working with:												
<i>Information:</i> Call for details.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>												
443-676-5461 C									Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>												
									Younger Person with Disability <input type="checkbox"/>												
Banto, Olivia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> M-Sat									Experience working with:												
<i>Information:</i>									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>												
443-657-3026 H									Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>												
livybanto@hotmail.com									Younger Person with Disability <input checked="" type="checkbox"/>												
Bonsu, Gloria Osei	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Flexible									Experience working with:												
<i>Information:</i> CPR, First Aid & training in usage of hoyer lifts, g tube care and colostomy bag care.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>												
240-241-3948 C									Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/>												
									Younger Person with Disability <input checked="" type="checkbox"/>												
Brister, Mary Ann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Open									Experience working with:												
<i>Information:</i> Certified in Adult & Child CPR									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/>												
410-489-6756 H									Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>												
301-775-6102 C									Younger Person with Disability <input type="checkbox"/>												

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

<u>INDIVIDUAL INFORMATION</u>	<u>CNA</u>	<u>CMA</u>	<u>GNA</u>	<u>MT</u>	<u>LPN</u>	<u>RN</u>	<u>HHA</u>	<u>COS</u>	<u>C</u>	<u>LI</u>	<u>LC</u>	<u>HC</u>	<u>MP</u>	<u>S</u>	<u>R</u>	<u>LA</u>	<u>LF</u>	<u>T</u>	<u>G</u>	<u>TR</u>	<u>ON</u>	
Carroll, Tonya 443-538-8894 H tonyacarroll48@yahoo.com <i>Availability:</i> <i>Information:</i> Certified Medication Tech, Adult AED, CPR, First Aid, Licensed Cosmetologist, HIPPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Celius, Daniela 410-715-1045 H 443-538-0353 C <i>Availability:</i> Contact for details <i>Information:</i> PCT, PCA, CPR, French & Creole Languages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Chambers, April aprilhha3318@gmail.com <i>Availability:</i> Monday-Fri, 7pm-7am, Weekends by request <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Coleman, Jacqueline 443-629-4899 C <i>Availability:</i> Anytime <i>Information:</i> Light lifting. ON with advanced notification.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Conteh, Sidratu 240-643-6443 H 240-643-6443 C <i>Availability:</i> Flexible day or evening hours. <i>Information:</i> Call for details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Cook, Tasha 443-668-9526 H tashacook2332@yahoo.com <i>Availability:</i> Flexible <i>Information:</i> Experience working with stroke patients & EKG; Med Tech certification, GNA, CAN, CPR, First Aide Certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
Cottman, Brenda 443-864-4113 H 410-262-5710 C <i>Availability:</i> Mon-Fri 10am-6pm; Sat late night. <i>Information:</i> CPR, First Aid, Toilet with assistance; Experience with Parkinson's Disease & Terminally ill.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Crenshaw, Helen 410-298-1335 H <i>Availability:</i> Anytime <i>Information:</i> CPR, American Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
Daniels, Melinda 410-964-0258 H 301-275-3322 W <i>Availability:</i> Flexible <i>Information:</i> Experience in Assisted Living Facilities and Group Homes; CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Denise Tolliver

Availability:
Information: Cosmetology license-20 years experience

denisetolliver15@gmail.com

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

DePaula, Marcia

240-444-5751 C
Availability: Sat 8p-Sat 8a (6.5 days/wk avail), Avail live-in or hourly.
Information: Special training: hoyer lift, ileostomies, B/P, wound care, tube feeding, nail care, catheter care, colostomies, PT/OT.

irshbty@aol.com

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Dixon, Denise

410-489-6110 H
443-812-1056 W
Availability: Mon-Fri 11am-2pm
Information: Call for details.

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Dixon, Elizabeth

410-944-1093 H
Availability: Mon-Sat
Information: Call for details.

edixon2135@yahoo.com

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Dixon-Holmes, Trina

410-208-8528 H
Availability: Mon-Fri 9am-5pm; 1/2 day Sat
Information: CPR, Medication Observed; Nursing Assitant, Medical Assistant, Home Health Caregiver training.

tshortydiva1@aol.com

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Eldridge, Janet

410-218-0910 H
Availability: 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight
Information: Hospice, Alzheimer, Nursing Home, Hospital ICU & CCU training. CPR/First Aide cert.

leedjanet63@yahoo.com

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Evans, Rachel

301-776-8059 H
240-671-7928 C
Availability: Days, nights & some weekend.
Information: EMT

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Evans, Sandra

240-370-5726 C
Availability: Vervys
Information:

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Ferguson, Celestine

443-546-3992 H
301-204-3984 C
Availability: Mon-Fri 9am-8pm
Information: First Aid and CPR certification

[Experience working with:](#)
Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Funmilayo, Tunmbi

410-707-1201 C *Availability: Mon-Fri daytime hrs; Sat-Sun anytime.*
Information: CPR, First Aid, Personal Care; Anharic Language.

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Gederon, Carol

240-501-7896 H *Availability: Mon-Sat, 36-40 hrs/week*
Information:

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Graham, Jolauda

240-483-8264 C *Availability: Mon-Fri, some weekends.*
Information: Prefers to lift patients with equipment

jgraham894@aol.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Green, Hope

410-564-4074 H *Availability: Flexible hrs during week, alternating weekends.*
Information: First Aid, CPR

handsofhopeservices@gmail.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Hall, Denise

410-437-3587 *Availability: Flexible days and hours*
Information:

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Hall, Lorraine

lhall992@yahoo.com *Availability: 2-3 days per week, 4-6 hours or less*
Information:

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Hammond, Comfort

antwi.hammond@gmail.com *Availability: Sun-Fri, 7am-7pm or 7pm-7am*
Information:

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Henderson, Angela

443-518-0367 C *Availability: Mon-Sun, Flexible/no nights*
Information: CPR & First Aid Certification. Meds & Supervisory training.

herndersonangelad@yahoo.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Howard, Lisa

301-596-6814 H *Availability: No restrictions*
Information: Physical Therapy

443-208-8741 C

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Jamil, Muhammad 410-730-1645 H 443-766-0487 C <i>Availability: Day/night, including weekends.</i> <i>Information: Urdu Language; Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Kathurima, Jane 301-793-5281 H info@victoryhomehealthcare.org <i>Availability: Flexible</i> <i>Information: First Aid, CPR, Personal Care; Minimal Spanish Language.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Keaser, Angela M 443-591-2906 C <i>Availability: Flexible evenings, 5pm-until. Negotiable weekends.</i> <i>Information: CPR, First Aid, AED, CMT Certified</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Kelly, Brittany brittanykelly_57411@yahoo.com <i>Availability: Monday-Thursday 8am-4pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Kim, Youngran <i>Availability: Monday-Thursdays, Saturdays 11am-4pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Kizito, Olive onambooze@yahoo.com <i>Availability: Monday-Saturday 7am-2pm or 8pm to 7am</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Krapa-Gyasi, Anthony Kitson 443-642-8404 H <i>Availability: Mon-Fri 7am-6pm; Saturday 8-1pm.</i> <i>Information: CPR, First Aid, Food Safety</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Kukuruku, Eva 301-362-1960 H 301-536-5938 C <i>Availability: Flexible</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Lang, Karen 443-536-1022 C <i>Availability: Flexible</i> <i>Information: CPR, Over 16 years experience</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Lesperance, Irene

410-715-8730 H *Availability: Anytime during the day; flexible hrs at night.*
Information: French & Creole; Call for details.

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Linder, Lamona

410-579-8877 H *Availability: Anyday 6am-6pm.*
Information: Call for details.

lamona@verizon.net

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Locke, Beryl

443-860-9491 H *Availability: Sat/Sun overnight, Mon-Fri 9-3 or Mon- Fri 5-10*
Information:

410-660-3501 C

beryl_locke@yahoo.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Lofton-Greene, Javonne She

410-740-3319 H *Availability: Mon-Sat 9am-3pm*
Information: CPR, EKG

410-294-9973 C

lshenay@yahoo.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Lucienda Kelly

Availability: 7 days, any hours
Information:

lucimira@gmail.com

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Matthis, Donna Lynn

443-567-1429 H *Availability: Anytime*
Information: Hospice Training, Administers Medication

443-547-9707 C

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Mbuh, Florence

240-646-2638 H *Availability: Mon-Sat*
Information:

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

McCray, Debra

443-570-0558 H *Availability: Days, some weekends.*
Information: CPR, First Aid, over 30 years experience

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

McDonald, Kimberly F.

301-861-6359 C *Availability: Part-time*
Information: Call for details.

[Experience working with:](#)
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Meribe, Ngozi 301-905-8889 H <i>Availability: Mon-Sun</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Mi Kang Yi 410-404-5317 C <i>Availability: Mon-Sat 7am-7pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Midi, Gerda 410-579-2004 H 410-794-6957 C <i>Availability: Available nights & flexible days.</i> <i>Information: CPR, Medication, Blood Sugar, EKG, IV & Catheter, Prefers Columbia, Elkrige, Jessup & Ellicott City locations.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
Moore, Sharon 240-264-7413 C <i>Availability: Weekdays</i> <i>Information: CPR</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Morsell, Teresa 443-827-5387 H <i>Availability: Mon-Sat, live-in or 8-12 hours.</i> <i>Information: Medication, Experience with Personal Care, errands, administering meds & as a live in.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Njangba, Etienne 443-813-8209 H <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Nsereko, Douglas 240-646-4593 H <i>Availability: Mon, Wed, Thurs 9:30am-1:30pm.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Oladapo, Mutiat 443-518-6390 C dtdesigns10@gmail.com <i>Availability:</i> <i>Information: 6am-2pm, 11pm-7am, morning or night shift; HHA, CPR training.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
Opatola, Oluwaseun <i>Availability: Monday-Friday 5pm-11pm or 11pm-7am</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Osuji Peter Chikwunyere 301-306-4261 H 240-444-9821 O 240-605-0666 C pirabor@yahoo.com <i>Availability:</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
											<i>Experience working with:</i> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										
Ousley, Jen 865-617-3547 C <i>Availability: Anytime</i> <i>Information: Lift up to 80 pounds dead weight, no more than 40 pounds. CPR, First Aid & Alzheimer's Training.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
											<i>Experience working with:</i> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										
Page, Karen 443-367-1238 H kpage@verizon.net <i>Availability: Mon-Fri anytime; Sat evenings; Sun anytime.</i> <i>Information: 2 yr wound care experience, MA Waiver Certified, Personal Care; Elkridge & Laurel Locations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
											<i>Experience working with:</i> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
Payaswini, Shah 410-799-9148 H 410-321-2737 W 443-570-1067 C <i>Availability: 4 days a week; 6 hours per day.</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<i>Experience working with:</i> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
Pearson, Perlina 410-997-9111 H prlpears@aol.com <i>Availability: Mon-Fri 7am-4:30pm (PRN/SAT)</i> <i>Information: Certified Nurse Assistant and Home Care Aid, CPR.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											<i>Experience working with:</i> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										
Peigne, Rose 410-964-3084 H 443-538-8977 C <i>Availability: Tues, Wed, Thurs flexible hrs, some weekends.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
											<i>Experience working with:</i> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
Pettit, Judy 443-889-2037 C <i>Availability: Mon-Fri 8 hour or 12 hour shifts.</i> <i>Information: Employed as nurse since 1989</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
											<i>Experience working with:</i> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
Redd, Evangelin Geneva 410-496-7362 H 410-303-5517 C genevaredd@verizon.net <i>Availability: Mon-Fri 7am-7pm, some weekends.</i> <i>Information: CPR, First Aid</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
											<i>Experience working with:</i> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										
Robinson, Janet 410-530-8571 C janet.robinson3@yahoo.com, jsr.busi <i>Availability: Monday-Friday 9am-3pm.</i> <i>Information: CPR, First Aid, Personal home health care</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
											<i>Experience working with:</i> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Robinson, Joan 410-655-6474 H 443-865-6523 C Availability: Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm. Information: CPR, First Aid, 35 yrs exp as a CNA for state hospital. ojrochlin10@hotmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Rochelin, Marie J 301-890-2975 H 240-620-1307 C Availability: Evenings/weekends. Information: French & Creole Languages; Call for details. ojrochlin10@hotmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Rohme, Jessica 240-898-7286 C Availability: Mon-Fri 9-6 Information: CPR & First Aide, AED Training. jessicaledroux@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Rudd, Shanon 410-872-4948 H 410-812-1947 C Availability: Mon-Fri 10am-6pm. Information: CPR, Medical Assistant, Overnight upon request only. artfun1102@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Sanders, Carmelle 240-706-1053 H Availability: Information: sanders.carmelle@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Savage, Pam 410-599-2312 C Availability: Fri-Sun Flexible hours. Information: Licensed Health Care Provider artfun1102@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Scales, Shawndrita Availability: Monday-Friday 7am-7pm, alternate weekends Information: Professional CAN with 10+ years experience working with the elderly in different health care settings such as nursing homes, private homes, assisted living and hospitals. shawndrita.hodges@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Senyoh, Selina 240-328-2697 C Availability: Mon-Sat 7am-7pm, 8am-8pm, 7pm-7am. Information: Call for details. selina.senyoh@gmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Serrano, Arlene Availability: Monday to Friday, 8 am - 12 noon Information: arleneserrano19@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
Simpson, Sharon 410-207-4874 C srs20794@aol.com <i>Availability: Anytime</i> <i>Information: CPR, MA Waiver Certified</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Smith, Sharon D. sdsmith554@verizon.net <i>Availability: M-F after 6pm, Saturday 6am-6pm, Sunday 1pm-8pm</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Sophia DeRosa dee.reed3@yahoo.com <i>Availability: Day work preferred</i> <i>Information: CNA certificate, patient care tech, CPR certificate</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
St. Hill, Teresa 240-274-0394 C <i>Availability: Anytime</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Sweet, Allyn Grace agsweet@usa.net <i>Availability: Monday-Friday, 4 hours/day between 9am and 4pm</i> <i>Information: Certificates in Reiki, Healing Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Theresa Metzger theresametzger55@gmail.com <i>Availability: Monday 3-11pm, Friday 11pm-7am</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Thomas, Mable E. 443-520-3291 H <i>Availability: Mon-Fri anytime after 11am.</i> <i>Information: Certified as a Care Provider Assistant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>																					
Thomas, Tyeacha 443-760-2801 H 443-760-2145 O tyeachabailey@yahoo.com <i>Availability: 7:30am-7pm; 9am-5pm; 3pm-11pm</i> <i>Information: CPR</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					
Trumbauer, Beatrix E. 410-651-3994 H 443-366-4557 C <i>Availability: Part-time except for overnight care.</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>																					

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Tyson, Myra

443-474-1587 H *Availability: Flexible 1-24 hours, may call anytime or emergencies.*
Information: CPR, Home Care Nurse, Recreation, outings, pediatrics, tube feeding, mental health, hospice, transport limited, no restrictions.

myramnm@comcast.net

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Valentine, Catherine E.

443-542-2425 H *Availability: Flexible*
Information: Training for Home Care, Principles of Behavioral Change

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Vick, Michael

410-975-8633 H *Availability: Mon-Fri 5pm-8:30am and 5:30pm-11pm*
 214-799-8634 C *Information: Basic Life Support Training (BLS/CPR), First Aid*

michael-vick@swbell.net

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Vodi, Olivia

240-328-2697 H *Availability: Mon-Sat 7am-7pm*
Information: Call for details.

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Wasser, Carol

410-290-9662 H *Availability: Anytime*
Information: Call for details.

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Whyte, Tanyah

443-542-0569 H *Availability:*
 410-531-6000 W *Information: CPR certified.*
 973-336-4184 C

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Williams, Dianna Maria

410-740-4336 H *Availability: Open*
 443-827-3492 C *Information: Hair & nails*

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Wood, Sonia

410-799-3483 H *Availability: Mon-Fri evenings, Saturdays.*
 443-623-0948 C *Information: Call for details.*

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

Yaro. Ahmad Mahmoud

443-474-2381 C *Availability: Mon-Fri 3pm-12am; Sat-Sun 7am-10pm every other weekend.*
Information:

yaro.ahmad@yahoo.com

Experience working with:
 Deaf Alzheimer/Dementia
 Blind Incontinent
 Younger Person with Disability

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS** **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

Yates, Monica

410-992-3087 H *Availability: Overnight or early morning* [Experience working with:](#)
Information: CPR, First Aid, 15 years experience with older adults Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

Yeonjoo (Woo) Pierson

410-353-5847 C *Availability: Mon -Sat 10am-6pm or as needed* [Experience working with:](#)
Information: CPR Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability
loveinjesus@ymail.com

Yohuno, Patricia

410-340-0733 C *Availability: Flexible* [Experience working with:](#)
Information: Medical Assistant, EKG Tech, CPR & First Aid Deaf Alzheimer/Dementia
Blind Incontinent
Younger Person with Disability

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.