

# 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
<b>Amara, Josephine</b> 410-300-9173 C <i>Availability: Monday-Friday 8am-8pm</i> <i>Information: Med Tech</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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
											<a href="#">Experience working with:</a> 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"/>										
<b>Annoh, Nana</b> 240-838-1707 H <i>Availability: Anytime</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 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"/>
											<a href="#">Experience working with:</a> 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"/>										
<b>Aryectey, Patricia</b> 410-340-0733 C <i>Availability: Flexible</i> <i>Information: Medical Assistant, EKG Tech, CPR &amp; First Aid</i>	<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 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"/>
											<a href="#">Experience working with:</a> 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"/>										
<b>Bandele, Christiana</b> 443-676-5461 C <i>Availability: Mon-Fri flex morning hrs; Sat morning, Sun after 3pm.</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 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"/>
											<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
<b>Bonsu, Gloria Osei</b> 240-241-3948 C <i>Availability: Flexible</i> <i>Information: CPR, First Aid &amp; training in usage of hooyer lifts, g tube care and colostomy bag care.</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 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"/>
											<a href="#">Experience working with:</a> 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"/>										
<b>Carroll, Tonya</b> 443-538-8894 H <i>Availability:</i> <i>Information: Certified Medication Tech, Adult AED, CPR, First Aid, Licensed Cosmetologist, HIPPA</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 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"/>
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<b>Celius, Daniela</b> 410-715-1045 H 443-538-0353 C <i>Availability: Contact for details</i> <i>Information: PCT, PCA, CPR, French &amp; Creole Languages.</i>	<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 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"/>
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<b>Coleman, Jacqueline</b> 443-629-4899 C <i>Availability: Anytime</i> <i>Information: Light lifting. ON with advanced notification.</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 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"/>
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**INDIVIDUAL INFORMATION**      **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS**      **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

**Cottman, Brenda**                   

443-864-4113 H      *Availability: Mon-Fri 10am-6pm; Sat late night.*      [Experience working with:](#)  
410-262-5710 C      *Information: CPR, First Aid, Toilet with assistance; Experience with*      Deaf  Alzheimer/Dementia   
Parkinson's Disease & Terminally ill.      Blind  Incontinent   
Younger Person with Disability

**Danso, Vida O**                   

*Availability: Mon thru Friday- 6pm to 6am, Sat, 9am to 12am, all day, Sun 2p*      [Experience working with:](#)  
*Information:*      Deaf  Alzheimer/Dementia   
vdanso717@yahoo.com      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.*      [Experience working with:](#)  
*Information: Special training: hoyer lift, ileostomies, B/P, wound care, tube*      Deaf  Alzheimer/Dementia   
feeding, nail care, catheter care, colostomies, PT/OT.      Blind  Incontinent   
Younger Person with Disability

irshbty@aol.com

**Dixon, Elizabeth**                   

410-944-1093 H      *Availability: Mon-Sat*      [Experience working with:](#)  
*Information: Call for details.*      Deaf  Alzheimer/Dementia   
edixon2135@yahoo.com      Blind  Incontinent   
Younger Person with Disability

**Dixon-Holmes, Trina**                   

410-208-8528 H      *Availability: Mon-Fri 9am-5pm; 1/2 day Sat*      [Experience working with:](#)  
*Information: CPR, Medication Observanced; Nursing Assitant, Medical*      Deaf  Alzheimer/Dementia   
Assistant, Home Health Caregiver training.      Blind  Incontinent   
Younger Person with Disability

tshortydiva1@aol.com

**Eldridge, Janet**                   

410-218-0910 H      *Availability: 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight*      [Experience working with:](#)  
*Information: Hospice, Alzheimer, Nursing Home, Hospital ICU & CCU*      Deaf  Alzheimer/Dementia   
training. CPR/First Aide cert.      Blind  Incontinent   
Younger Person with Disability

reedjanet63@yahoo.com

**Evans, Rachel**                   

301-776-8059 H      *Availability: Days, nights & some weekend.*      [Experience working with:](#)  
240-671-7928 C      *Information: EMT*      Deaf  Alzheimer/Dementia   
Blind  Incontinent   
Younger Person with Disability

**Evans, Sandra**                   

240-370-5726 C      *Availability: Varies*      [Experience working with:](#)  
*Information:*      Deaf  Alzheimer/Dementia   
Blind  Incontinent   
Younger Person with Disability

**Funmilayo, Tunmbi**                   

410-707-1201 C      *Availability: Mon-Fri daytime hrs; Sat-Sun anytime.*      [Experience working with:](#)  
*Information: CPR, First Aid, Personal Care; Anharic Language.*      Deaf  Alzheimer/Dementia   
Blind  Incontinent   
Younger Person with Disability

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
<b>Gederon, Carol</b> 240-501-7896 H <i>Availability: Mon-Sat, 36-40 hrs/week</i> <i>Information:</i>	<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 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 type="checkbox"/>	<input type="checkbox"/>
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											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"/>											
<b>Graham, Jolauda</b> 240-483-8264 C jmgraham894@aol.com <i>Availability: Weekends</i> <i>Information: Prefers to lift patients with equipment</i>	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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											Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Green, Hope</b> handsofhopeservices@gmail.com <i>Availability: Flexible hrs during the week, alternating weekends.</i> <i>Information: First Aid, CPR, PCT/Patient care tech.</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"/>	<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"/>											
<b>Hammond, Comfort</b> antwi.hammond@gmail.com <i>Availability: Sun-Fri, 7am-7pm or 7pm-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"/>	<input checked="" type="checkbox"/>
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											Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Henderson, Angela</b> 443-518-0367 C hendersonangelad@yahoo.com <i>Availability: Mon-Sun, Flexible/no nights</i> <i>Information: CPR &amp; First Aid Certification. Meds &amp; Supervisory 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 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"/>
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											Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Howard, Lisa</b> 301-596-6814 H 443-208-8741 C <i>Availability: No restrictions</i> <i>Information: Physical Therapy</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 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"/>
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											Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/>											
											Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Kathurima, Jane</b> 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"/>	<input checked="" type="checkbox"/>
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											Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
<b>Keaser, Angela M</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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											Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/>											
											Blind <input type="checkbox"/> Incontinent <input type="checkbox"/>											
											Younger Person with Disability <input type="checkbox"/>											
<b>Kelly, Brittany</b> 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 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"/>
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**INDIVIDUAL INFORMATION**    **CNA** **CMA** **GNA** **MT** **LPN** **RN** **HHA** **COS**    **C** **LI** **LC** **HC** **MP** **S** **R** **LA** **LF** **T** **G** **TR** **ON**

**Kotei, Edith**               

*Availability: Any hours based on client's needs.*  
*Information: CPR Certification. No restrictions*

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

ekotei@hotmail.com

**Kubi, Yvonne**               

*Availability: Monday-Friday, 9:30am-2pm.*  
*Information:*

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

zubiyv@yahoo.com

**Kukuruku, Eva**               

*Availability: Flexible*  
*Information: Call for details.*

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

301-536-5938 C

**Lang, Karen**               

*Availability: Flexible*  
*Information: CPR, Over 16 years experience*

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

443-536-1022 C

**Locke, Beryl**               

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

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

410-660-3501 C

beryl\_locke@yahoo.com

**Lofton-Greene, Javonne She**               

*Availability: Mon-Sat 9am-3pm*  
*Information: CPR, EKG*

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

410-740-3319 H

410-294-9973 C

lshenay@yahoo.com

**Matthis, Donna Lynn**               

*Availability: Anytime*  
*Information: Hospice Training, Administers Medication*

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

443-567-1429 H

443-547-9707 C

**Mbuh, Florence**               

*Availability: Mon-Sat*  
*Information:*

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

240-646-2638 H

**McCray, Debra**               

*Availability: Days, some weekends.*  
*Information: CPR, First Aid, over 30 years experience*

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

443-570-0558 H

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INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>McDonald, Kimberly F.</b> 301-861-6359 C <i>Availability: Part-time</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 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 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"/>										
<b>Mi Kang Yi</b> 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"/>
											<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"/>										
<b>Midi, Gerda</b> 410-579-2004 H 410-794-6957 C <i>Availability: Available nights &amp; flexible days.</i> <i>Information: CPR, Medication, Blood Sugar, EKG, IV &amp; Catheter, Prefers Columbia, Elkridge, Jessup &amp; 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>										
<b>Moore, Sharon</b> 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 checked="" 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 checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>										
<b>Morsell, Teresa</b> 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 &amp; 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>										
<b>Ngu, Frida</b> probiz77@gmail.com <i>Availability: Monday thru Friday- all shifts-No Saturdays</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 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 type="checkbox"/> Younger Person with Disability <input type="checkbox"/>										
<b>Nsereko, Douglas</b> 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"/>
											<i>Experience working with:</i> 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"/>										
<b>Page, Karen</b> 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 &amp; 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"/>										
<b>Payaswini, Shah</b> 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 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"/>										

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

**Pearson (Austin), Perlina**               

*Availability: Mon-Fri 7am-4:30pm (PRN/SAT)*  
*Information: Certified Nurse Assistant and Home Care Aid, CPR.*

lina161953@gmail.com

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

**Pettit, Judy**               

*Availability: Mon-Fri 8 hour or 12 hour shifts.*  
*Information: Employed as nurse since 1989*

443-889-2037 C

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

**Redd, Evangelin**               

*Availability: Mon-Fri 7am-7pm, some weekends.*  
*Information: CPR, First Aid*

410-496-7362 H  
 410-303-5517 C

genevaredd@gmail.com

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

**Robinson, Joan**               

*Availability: Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm.*  
*Information: CPR, First Aid, 35 yrs exp as a CNA for state hospital.*

410-655-6474 H  
 443-865-6523 C

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

**Rochelin, Marie J**               

*Availability: Evenings/weekends.*  
*Information: French & Creole Languages; Call for details.*

301-890-2975 H  
 240-620-1307 C

ojrochlin10@hotmail.com

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

**Simpson, Sharon**               

*Availability: Anytime*  
*Information: CPR, MA Waiver Certified*

410-207-4874 C

srs20794@aol.com

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

**Smith, Sharon D.**               

*Availability: M-F after 6pm, Saturday 6am-6pm, Sunday 1pm-8pm*  
*Information:*

410-207-4874 C

sdsmith554@verizon.net

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

**Thomas, Mable E.**               

*Availability: Mon-Fri anytime after 11am.*  
*Information: Certified as a Care Provider Assistant*

443-520-3291 H

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

**Vick, Michael**               

*Availability: Mon-Fri 5pm-8:30am and 5:30pm-11pm*  
*Information: Basic Life Support Training (BLS/CPR), First Aid*

410-975-8633 H  
 214-799-8634 C

vivvickvi@hotmail.com

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

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<b>Vodi, Olivia</b> 240-328-2697 H <i>Availability: Mon-Sat 7am-7pm</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 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"/>	
													<a href="#">Experience working with:</a> 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"/>									
<b>Williams, Dianna Maria</b> 410-740-4336 H 443-827-3492 C <i>Availability: Open</i> <i>Information: Hair &amp; nails</i>	<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 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"/>	
													<a href="#">Experience working with:</a> 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"/>									
<b>Wolf, Susan E</b>  <i>Availability:</i> <i>Information:</i> wolfcolema@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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
													<a href="#">Experience working with:</a> 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"/>									
<b>Wood, Sonia</b> 410-799-3483 H 443-623-0948 C <i>Availability: Mon-Fri evenings, Saturdays.</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 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 type="checkbox"/>	<input type="checkbox"/>	
													<a href="#">Experience working with:</a> 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"/>									
<b>Yarborough, Pandora Pamel</b>  <i>Availability: Monday thru Friday 8am to 5pm</i> <i>Information:</i> yarboroughpandora@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 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"/>	
													<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>									
<b>Yates, Monica</b> 443-538-5279  <i>Availability: Available afternoons and evenings.</i> <i>Information: CPR, First Aid, 3 years experience with older adults.</i> yatesm29@hotmail.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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
													<a href="#">Experience working with:</a> 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"/>									
<b>Yeonjoo (Woo) Pierson</b> 410-353-5847 C  <i>Availability: Mon -Sat 10am-6pm or as needed</i> <i>Information: CPR</i> yj.woo40@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 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"/>	
													<a href="#">Experience working with:</a> 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"/>									

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