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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Residential Services Capacity Profile** |
| AGENCY NAME | AGENCY CONTACT PERSON | TODAY’S DATE |
| DATE AVAILABLE | PROGRAM TYPE (CHECK ONE)**[ ]**  Supported Living **[ ]**  Group Home / Group Training **[ ]**  Other:  |
| Address where supports are available or the geographical area where services can be provided |
| BRIEFLY DESCRIBE THE HOME AVAILABLE (INTERIOR / EXTERIOR LAYOUT) |
| WHEELCHAIR ACCESSIBILITY**[ ]**  No, home is not wheelchair accessibleYes, the home is wheelchair accessible:**[ ]**  Interior **[ ]**  Exterior | MAXIMUM OF POSSIBLE HOUSEMATES | CURRENT NUMBER OF HOUSEMATES |
| STAIRS[ ]  No stairs [ ]  Interior stairs [ ]  Exterior stairs |
| **Current Housemates** |
| NAME | AGE | CPP | NAME | AGE | CPP |
|  |  | [ ]  |  |  | [ ]  |
|  |  | [ ]  |  |  | [ ]  |
|  |  | [ ]  |  |  | [ ]  |
| **Preferred Referrals** |
| LIST ANY PREFERRED GENDERS OF PROPOSED HOUSEMATE | INDICATE OTHER PREFERENCES**[ ]**  Non-Smoker **[ ]**  No pets |
| **Agency Information** |
| Characteristics agency specializes in supporting (e.g., specific age group, mental health supports, etc.): |
| Describe the level of assistance provided to current individuals, including any professional or specialized services that are also available: |
| Other characteristics of preferred referrals: |
| Additional comments: |