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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 accessible  Yes, 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 |
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| **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: | | | | | | | | | | |