

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Services Capacity Profile

AGENCY NAME		AGENCY CONTACT PERSON		TODAY'S DATE	
DATE AVAILABLE	PROGRAM TYPE (CHECK ONE) <input type="checkbox"/> Supported Living <input type="checkbox"/> Group Home / Group Training <input type="checkbox"/> 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 <input type="checkbox"/> No, home is not wheelchair accessible Yes, the home is wheelchair accessible: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		MAXIMUM OF POSSIBLE HOUSEMATES		CURRENT NUMBER OF HOUSEMATES	
		STAIRS <input type="checkbox"/> No stairs <input type="checkbox"/> Interior stairs <input type="checkbox"/> Exterior stairs			
Current Housemates					
NAME	AGE	CPP		NAME	AGE
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
Preferred Referrals					
LIST ANY PREFERRED GENDERS OF PROPOSED HOUSEMATE			INDICATE OTHER PREFERENCES <input type="checkbox"/> Non-Smoker <input type="checkbox"/> 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:					