

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Services Capacity Profile

AGENCY NAME		AGENCY CONTACT PERSON		TELEPHONE NUMBER	
DATE AVAILABLE	PROGRAM TYPE (CHECK ONE) <input type="checkbox"/> Supported Living <input type="checkbox"/> Group Home <input type="checkbox"/> Other:				
Address where supports are available or the geographical area where services can be provided:					
BRIEFLY DESCRIBE THE RESIDENCE AVAILABLE					
RESIDENCE IS WHEELCHAIR ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		MAXIMUM OCCUPANCY OF RESIDENCE		PRESENT OCCUPANCY OF RESIDENCE	
Current Tenants					
NAME		AGE	GENDER M / F	NAME	
DESIRED REFERRALS <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Gender			DESIRED REFERRALS <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Either		
Characteristics agency specializes in providing (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 desired referrals:					
A current staffing schedule is also attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional comments, if any:					