**PROGRAM DESCRIPTION OF A LICENSED COMMUNITY RESIDENCE**

**FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

 **VID #:**

**AGENCY NAME:**

**FEDERAL IDENTIFICATION NUMBER:**

**EXECUTIVE DIRECTOR:**

**AGENCY CONTACT PERSON, TITLE:**

**TELEPHONE NUMBER(S):**

**E-MAIL ADDRESS:**

|  |  |  |
| --- | --- | --- |
| **LICENSED CAPACITY:** |  | **ADDRESS OF RESIDENCE:** |
| **GROUP HOME** | [ ]  |  |  |
| **SUPERVISED APARTMENT PROGRAM** | [ ]  |
| **SUPPORTED LIVING PROGRAM** | [ ]  |

**SECTION II: GENERAL DESCRIPTION OF POPULATION TO BE SERVED**

**Primary diagnosis is a developmental disability.**

|  |  |  |  |
| --- | --- | --- | --- |
| Secondary diagnoses of Mental Health / psychiatric | [ ]  | History of fire setting/sexual predatory behaviors/Offender | [ ]  |
| Direct nursing care required | [ ]  | Restriction of common household items required | [ ]  |
| Handicapped accessibility available | [ ]  | Restriction of access to food required | [ ]  |
| Staff required in program whenever individuals are present | [ ]  | Staff readily available by telephone on site is sufficient | [ ]  |
| Some individuals have unsupervised time | [ ]  | All individuals are independent in self-preservation | [ ]  |

**SECTION III: SITE SERVICES AND STAFFING**

|  |  |  |  |
| --- | --- | --- | --- |
| Religious-Based Restrictions | [ ]  | One or more bedrooms are accessible | [ ]  |
| Nursing oversight will be provided on site | [ ]  | One or more bathrooms are accessible | [ ]  |
| RN and/or LPN will be included on one or more shifts | [ ]  | Manager will be shared with another program | [ ]  |
| Behaviorist oversight will be provided on site | [ ]  | One-to-one staffing provided | [ ]  |
| Staff trained in behavior support | [ ]  | Staff trained in Crisis Intervention | [ ]  |
| Other:       |

**SECTION IV.: RESIDENTIAL SITE STAFFING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify number of staff:** | **1st shift** | **2nd shift** | **Overnight Awake**  | **Overnight Asleep** |
| Weekdays  |       |       |       |       |
| Weekends  |       |       |       |       |
| Wheelchair transfer assistance needed: | # of 1-person transfers:       | # of 2-person transfers:       |  |
| Identify program(s) Manager is shared with:       |
| Nurse manager and/or direct care staffing: RN [ ]  LPNs [ ]  | Weekly RN hrs. at site:       | Wkly Behaviorist hrs at site:       |
| Explain variations/other shift configurations, if applicable:       |

**The program will be operated in compliance with all applicable Division Circulars.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Initial Submission:       |  | Date(s) of Approval:       |  |

**RESIDENTIAL STAFFING GRID VID #**

* **Denote AM and PM (12 midnight is AM; 12 noon is PM)**
* **Shifts that overlap days should be indicated on the day the shift begins**
* **“\*” denotes in-charge staff person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Position/Title:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **1.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **2.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **3.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **4.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **5.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **6.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **7.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **8.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **9.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **10.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **11.**      **(**     **hrs/wk)** |       |       |       |       |       |       |       |
| **12.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **13.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **14.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **15.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |

**RESIDENTIAL STAFFING GRID VID #**

* **Denote AM and PM (12 midnight is AM; 12 noon is PM)**
* **Shifts that overlap days should be indicated on the day the shift begins**
* **“\*” denotes in-charge staff person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **16.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **17.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **18.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **19.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **20.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **21.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **22.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **23.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **24.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **25.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **26.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **27.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **28.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **29.**      **(**     **hrs/wk)** |  |  |  |  |  |  |  |
| **Total hours**       |       |       |       |       |       |       |       |