**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 #**

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |  |  |