



Facility Characteristics

Geographic Areas Served (regional centers, counties, and/or cities)

Characteristics of residents or program participants in the facility or program:

check here	Type of Disability (can check more than one)	check here	Communication Limitations		
	Mild Mental Retardation		Has no intelligible speech		
	Moderate Mental Retardation		Apeech difficult to understand		
	Severe Mental Retardation		Hearing impaired:		
	Cerebral Palsy		Uses sign language only		
	Epilepsy		Uses communication board		
	Autism		Hearing with aid		
	Mental Health Diagnosis		Self-Help Skills (can check more than one)		
	Ambulatory Status		Is not toilet trained		
	Ambulatory Only		Incontinent during the day		
	Walks with difficulty, but no device		Incontinent during the night		
	Non-Ambulatory: # of persons: _____		Requires assistance with toileting		
	a. Uses Walker		Requires assistance with dressing		
	b. Uses cane		Requires assistance with grooming		
	c. Uses Wheelchair – is able to transfer self		Requires assistance with eating		
	d. Uses wheelchair – requires help to transfer		Requires total assistance with toileting		

	*Restricted Health Conditions (can check more than one)		Requires total assistance with eating		
	Inhalation-assistive devices		Requires total assistance with grooming		
	Colostomy/ileostomies		Requires total assistance with dressing		
	Fecal impaction removal		Wear diapers		
check here	* Restricted Health Conditions (can check more than one)	check here	Other self-care deficits		
	Catheters		Behaviors Accepted (can check more than one)	Intensity	Frequency
	Communicable infections		Physical violence to others	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Insulin Dependent Diabetes		Threatens physical violence to	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Stage 1 or 2 dermal ulcers		Is self-injurious behaviors	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Wounds		Causes property damage	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Gastronomies		Runs or wanders away	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Tracheotomies		Displays unacceptable sexual behavior	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Other health Conditions:		Exhibits tantrums	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
			Smears feces	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	Provider/Program Specialties:		Steals	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
			Sets fires	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
			On probation or diversion	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly

Note: Some of the codes identified pertain to California codes used by California Department of Social Services – Community Care Licensing – Title 22.

