

Vendor Name:
Vendor #:

Program Design Addendum Date:

V. ENTRANCE CRITERIA.

A. Capacity: ____ residents (not to exceed licensed capacity)
____ residents may be non-ambulatory (as reflected on facility license)

B. Age: Licensed for ages ____ to ____ . Preference for ages ____ to ____ .

C. Gender: Male Only ____ Female Only ____ Co-ed ____

D. Functioning level of consumers: Mild ____ Severe ____
(Degree of cognitive deficit) Moderate ____ Profound ____

E. Program will serve consumers with the following diagnoses and/or characteristics:

- | | | | |
|------------------|--------------------------|------------------------------|--------------------------|
| Seizure disorder | <input type="checkbox"/> | Toileting Accidents | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Requires modified diet | <input type="checkbox"/> |
| Cerebral Palsy | <input type="checkbox"/> | Uses wheelchair | <input type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | Requires lifting to transfer | <input type="checkbox"/> |
| Vision Impaired | <input type="checkbox"/> | Restricted Health Conditions | <input type="checkbox"/> |
| Blind | <input type="checkbox"/> | Hepatitis A/B/C | <input type="checkbox"/> |
| Hearing Impaired | <input type="checkbox"/> | Insulin Dependent Diabetes | <input type="checkbox"/> |
| Deaf | <input type="checkbox"/> | Tracheostomy care | <input type="checkbox"/> |
| Non-verbal | <input type="checkbox"/> | G-tube care & feeding | <input type="checkbox"/> |
| Requires Diapers | <input type="checkbox"/> | Urinary Catheter | <input type="checkbox"/> |

Other conditions specified below:

F. Program will serve consumers with the following behavioral characteristics:
For each behavior, specify the intensity and frequency appropriate to your program.
Attach additional sheets if necessary.

- Tantrums _____
- Self-Injury _____
- Aggression to Others _____
- Property Damage _____
- Verbal Aggression _____
- Profanity _____
- Non-Compliance _____
- Resistiveness _____
- Stealing _____
- Inappropriate Sexual Behavior _____
- Wandering or Running Away _____
- Other _____
- Other _____