

# Residential Assessment

Provider Agency: \_\_\_\_\_

Residential Address (street, city, zip): \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Circle one:

- Yes No 1. The setting provides a home environment, meaning it looks like any other home in the neighborhood and does not look like a setting for people with developmental disabilities.
- Yes No 2. The setting is not adjacent to another setting (workshop, another group home, another apartment or any other setting for individuals with disabilities.)
- Yes No 3. The setting is in a residential area, residential in character, among other private homes not owned by the provider.
- Yes No 4. The setting is not located in the same building as an educational program or school.
- Yes No 5. Transportation (public or not) is available to take individuals to non-health activities, shopping, etc.

Supply comments for any "No" responses:

---

---

---

---

---

---

---

---

---

---

---

---

Name of Assessor: \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_



Division of Developmental Disabilities