

Census and Home Information Sheet

Case Manager Name

Current residents in placement

Provider:

Resident Name

esidents in place	ement for the pre	evious 5 years	(attach document	ation if desired)	
	e-list any current re				
Resident Name			Admission and Discharge Dates		
		I			
lotification to Re	gional Licensing S	Specialist			
ny time there is a cha	inge to your census o	r home information	on, please notify your R	iLS.	
Compand resident	danaaanbiainf	- was a ti a w			
	demographic info		nts		
	a to help determine	potential placerne			
Preferred gender?	Male	Female	Any gende	Any gender identity	
List the age range o	f residents your pro	gram serves:			
	DD Waiver	CADI Waive	BI Waiver	CAC Waiver	
Funding type	DD Walver	C/ (D) TTGITC		Other:	
Funding type accepted?	Elderly Waiver	Private Pay	Other:		

House phone #:

Case Manager Email

Updated: 3/4/2025

Home Information

Is smoking allowed?	Inside	Outside	No	Comments:
Do you have steps? (multi-level homes or staircase into the home)	Yes	No	Comments:	
Doyou have pets?	Yes	No	Please ensure you have completed the Pet Authorization Form if you have pets in the home.	
Do you provide heavy cares in the home?	Yes	No	Possibly	Comments:
Are there children in the home?	Yes	No	Comments:	
Do you use cameras, monitoring technology, or ROS?	Yes	No	If you answered yes, you will be asked to provide proof that the appropriate permissions were obtained. *This excludes the use of cameras that are used only on the outside of the home such Ring or Blink doorbell.	

Signature	Date

Updated: 3/4/2025