

Mobility Access

Resident Name

Placement Date

The individual listed above does not have a seizure disorder, does not use a wheelchair or accessibility aids, and does not have any accessibility modification needs.

The individual listed above has a seizure disorder. Accessibility aids and modifications are documented in the individuals plans and reviewed at least annually.

The individual listed above uses an accessibility aid, including a wheelchair, but does not need any modifications to the home for access. Accessibility aids are documented in the individuals plans and are reviewed at least annually.

The individual listed above uses an accessibility aid, including a wheelchair, and needs modifications to the home for access. Accessibility aids and modifications are documented in the individuals plans and are reviewed at least annually.

If the individual listed above uses a wheelchair, they have a bedroom with an exit directly to grade.

Individuals living in adult foster care homes must have access to all common areas of the home. Aids and/or modifications have been provided to ensure access.

License holder signature

Date

Resident/guardian signature

Date

Case manager signature

Date