NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES

H007 - SITE PROFILE

Instructions for Site Profile: Voluntary and State Operated residential providers must supply the Regional Certified Housing team with an accurate description of each of their residential sites. Complete/submit within 5 calendar days if updating site profiles when necessary and/or at the request of the Housing team.

Type of Site Profile: ☐ Initial Site Profile ☐ Updated Site Profile Date of the Previous Site Profile Submission:

Date:

Agency Reporting Site Profile: **Operating Certificate #:**

House Address – Street:

City: **State:** **Zip Code:** **County:**

Name of Person Completing Form:

Phone Number: **Email Address:**

Indicate the type of residence:

Description/Make-up of the Home:

A) Certified Capacity

B) Number of bedrooms:

C) Number of temporary use beds:

D) Gender:

E) Tye of Community:

City – (walking distance to stores, food, parks, has sidewalks, mass public transportation, multi-family apartment buildings) or

Suburb (drive to most stores and services, more parks and open spaces, less crowds, backyards, room for garden, limited access to public transportation), or

Rural (Small population, farms, little to no public transportation, have to drive to stores, no sidewalks)

F) Number of floors in the home:

G) Number of stairs to enter the home:

H) Type of vehicles available, check all that apply:

☐ Wheelchair Van ☐ Multi-passenger Van ☐ Mini Van ☐ Sedan

I) Access to public transportation:

If yes, check all that apply: ☐ Bus ☐ Train ☐ Uber/Lyft

J) Age range of the majority of people:

Residential Description/Considerations:

A) Smoke Free Environment:

B) Pets Allowed

C) Specific Dietary Needs:

If yes, check all that apply:

☐ Kosher ☐ Halal ☐ Vegan ☐ Vegetarian ☐ Other

If other please specify:

D) Secured Kitchen:

If yes, explain:

E) Barrier Free (Wheelchair accessible to bedroom, bathroom, dining area, and two evacuation points):

F) Environmental Accessibility (ramped entrance, ground floor living, hand rails, etc.):

G) Special Shower/Tub Equipment:

H) Special Lifts:

I) Sensory Accommodations:

If yes, check all that apply:

☐ Shaker Bed ☐ Flashing Fire Alarm Lights ☐ Tactile Warning Strips ☐ Books on Tape

☐ Access to Braille Books/Usage of Braille Labels ☐ Telecommunication Relay Service ☐ Other

If other, explain:

J) Fenced Yard:

K) Alarms:

L) Delayed Egress (door system that postpones a door to open by seconds (time can vary) may also come with an audible alarm):

M) Time Out Room:

N) Quiet Areas:

Staffing/Supports:

A) Nursing supports exceeding standard level:

If yes, choose number of hours on site:

B) Enhanced Clinical Supports:

C) Will staff be able to accommodate need for SCIP-R Restrictive Interventions or PROMOTE greater than level 1:

Fire Evacuation Information:

A) Is the residence life safety code certified:

If yes, choose appropriate evacuation time:

B) Sprinkler System within home:

Additional Comments:

Submit completed form to the OPWDD Certified Housing Team Mailbox

------- THIS SECTION TO BE COMPLETED BY THE CERTIFIED HOUSING TEAM -------

Date form was received:
Staff person reviewing form: