CLIENT ACCOMMODATIONS ANALYSIS

CLEAR

This form is designed to provide a record of client accommodations approved for licensed care. It identifies the approved use of individual rooms and approved capacities. This is intended to be completed on initial license and subsequent changes of capacity, classification or accommodations. When a number of buildings are part of a licensed facility, a rough plot plan should be attached designating separate building by a letter or number code.

Facility name						Facility number		
Facility address (number, street)				City		State California	ZIP code	
Building	**Floor**	**Room**	**Activity**	**Room Size**	**Floor Area**	**Approved Capacity**	**Non-ambulatory**	**Ambulatory**

Individual's Room

Common Rooms (Dining, Recreation, Living, Library)

Storage

Building	Floor	Room	Activity	Room Size	Floor Area	Approved Capacity	Non-ambulatory	Ambulatory

Additional Rooms (This space may also be used for individual rooms where necessary.)

Additional Information: Use this space to list information necessary to ensure adequate accommodation. Example: Type of ventilation (number of windows); important furnishing (number of toilets, showers, tubs). Note allowance for activity area, parking, garage, detached building, etc.

Name of person completing form	Date