

Facility:
 Date:
 Surveyor:

Client Roster
 Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Use this table to help you understand the condition of each client as you complete survey activities. Use this legend to indicate a physical disability: A-Cerebral Palsy, B-Seizure, C-Vision, D-Hearing, E-Autism, F-Speech, G-Mobility, and H-Catheter, Feeding tubes.

Ident. Number	Client Name	Age	Sex	Circle Level of Intellectual Disability	Circle Physical Disabilities	Psych Meds	Day Program and Address
1.				Mild/Mod/ Severe/ Profound	A B C D E F G H	Y N	
2.				Mild/Mod/ Severe/ Profound	A B C D E F G H	Y N	
3.				Mild/ Mod/ Severe/ Profound	A B C D E F G H	Y N	
4.				Mild/Mod/ Severe/ Profound	A B C D E F G H	Y N	
5.				Mild/Mod/ Severe/ Profound	A B C D E F G H	Y N	
6.				Mild/Mod/ Severe/ Profound	A B C D E F G H	Y N	