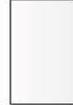


Facility:  
 Date:  
 Surveyor:

**Sample Selection Form**  
 Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill out the information as appropriate.

Sample Selection Form				
				
Sample Size				
				
Total Number of Intermediate Care/ Individuals with Intellectual Disabilities				
	· ·	· ·	· ·	· ·
				
# Mild Intellectual Disabilities				
# Moderate Intellectual Disabilities	TH	TH	TH	TH
	Draw Every	Draw Every	Draw Every	Draw Every
# Severe Intellectual Disabilities				
# Profound Intellectual Disabilities	· ·	· ·	· ·	· ·