

**RESIDENTIAL SUPPORT WORKSHEET**

Consumer: \_\_\_\_\_ Person completing form: \_\_\_\_\_

1) In the chart below, indicate times of the day when a person needs residential staff support. This is defined as staff who are awake and present in the home and attending to the needs of the person.

**For example:** Bob S. has live-in support and no awake overnight. His support is typically M-F 6-8am and 3-10pm. On weekends his support is from 8am-10pm.

Sat-Sun	Mon-Fri
8am-10pm	6-8am 3-10pm

Sun	Mon	Tues	Weds	Thurs	Fri	Sat

2) All times are assumed to be at a 2-1 consumer/staff ratio unless listed here. Please describe when a 1-1 ratio is needed and why:

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3) Does the person require awake overnight staff? \_\_\_\_\_ If “yes”, why?

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4) Is the individual a candidate for Sound Response? \_\_\_\_\_ If “no”, why not?

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5) Describe other considerations that would be important to know when setting a rate, such as significant medical, behavioral, or personal care needs:

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Feel free to use the back if needed.

**Return to:** Dane County DD Intake Unit, 1202 Northport Drive, Madison, WI 53704  
**Or fax to** 242-6531. If you have questions, contact Heidi or Carrie at 242-6440.  
You may also email them to [stringer@countyofdane.com](mailto:stringer@countyofdane.com) or [pomije@countyofdane.com](mailto:pomije@countyofdane.com)