Name of SIL Contract Provider:       Service Area:

1. **Definition Compliance:** **College Dorm Setting**

A college dorm setting is a building provided by a college or university containing a number of private or semiprivate bedrooms for housing a number of persons in a setting whose inhabitants are in school and commute to these and other personal and social activities. This includes dorms on or off-campus and college co-ops. This may include on-sight management.

Physical Address of SIL Setting:

Date of Walk Through:       [ ]  Before Contractor signature

 [ ]  After Contractor signature

Name of college:

Number of occupants in dorm:

If there are units in the dorm composed of two or more bedrooms, number of units:

Number of occupants per unit:       Number of occupants per bedroom:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Met** | **Technical Assistance** **Yes No** | **Comments**(A No under Met or a Yes under Technical Assistance must have an explanation under Comments) |
| 1 | Building provided by or affiliated with a college or university | [ ] Yes [ ]  No | [ ] Yes [ ]  No |        |
| 2 | Contains a number of private or semiprivate bedrooms for housing a number of persons | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 3 | Inhabitants are in school and commute to these and other social activities | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 4 | Located on campus | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 5 | Located off campus | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 6 | Is this a college co-op (optional) | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 7a) | Kitchen facilities in dorm | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 7(b) | No kitchen facilities in dorm; explain plan for purchasing / preparing meals  | [ ] Yes [ ]  No | [ ] Yes [ ]  No | Explain:       |
| 8 | On-sight college resident management | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 9 | On-sight SIL management (optional) | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |

**Meets DFPS definition for SIL type setting of:**

College Dorm Setting: [ ] Yes [ ]  No

Comment (Must comment if "No" is selected):

**SIL Physical Setting Walk Through Check List**

DFPS SIL Contract Provider:       Service Area:

Name of Young Adult for whom walk through is conducted (if applicable):

**B. Suitability:** for **College Dorm Setting** identified in Section A:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Met** | **Technical****Assistance Yes No** | **Comments**(A No or N/A under Met or a Yes under Technical Assistance must have an explanation under Comments) |
| 1 | **Exterior House Condition Acceptable:**-Outside grounds-Outside lighting-House Exterior  | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 2 | **Interior Condition Acceptable**-General Cleanliness-Floors-Walls-Windows  | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 3 | **Is Setting approved for use by a Young Adult who is in need of ADA accommodations.** | [ ] Yes [ ]  No  | [ ] Yes [ ]  No |       |
| 4 | **Fire Safety**-Up to Date Fire Extinguisher-Working Smoke Alarm(s) in: Bedrooms Hallways Living/Dining Room Other      -Easy Access to Exits-Combustibles Items Stored Properly-Electrical | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 5 | **Furnishings Condition Acceptable**-Bed frame-Mattress-Dresser-Closet-Table-Chair-Sofa-Individual storage area for non-food items | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 6 | **Working Appliances**-Stove-Refrigerator-Microwave (optional) | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No [ ]  NA | [ ] Yes [ ]  No |       |
| 7 | **Working Utilities for Home**-Water-Running Hot Water-Running Cold Water-Electric-Gas-Sewage-Septic | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No [ ]  NA | [ ] Yes [ ]  No |       |
| 8 | **Working Bathroom**-Working toilets-Showers-Bathtub-Running Hot Water-Running Cold Water | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 9 | **Household cleaning supplies** | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 10 | **Storage space for dry food** | [ ] Yes [ ]  No [ ]  NA | [ ] Yes [ ]  No |       |
| 11 | **On-site Laundry**-Washing machine-Clothes dryer**If no on-site laundry, Proximity of off-site Laundry** -Within 1 mile-within 2 miles-within 5 miles-over 5 miles | [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No [ ]  NA [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 12 | **Laundry Supplies** | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 13 | **Bus Stop Available****If available – distance:** -within 1 mile-within 2 miles-within 5 miles-over 5 miles | [ ] Yes [ ]  No [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 14 | **Grocery Store Available**If available – distance: -within 1 mile-within 2 miles-within 5 miles-over 5 miles | [ ] Yes [ ]  No [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 15 | **Access to library or other educational resources**If available – distance: -within 1 mile-within 2 miles-within 5 miles-over 5 miles | [ ] Yes [ ]  No [ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No[ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 16 | **Posted rules for occupants/ others** | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 17 | **Key provided to Young Adult for:**-external building or house-young adult’s section of dorm if closed off from others-bedroom  | [ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No [ ]  NA[ ] Yes [ ]  No [ ]  NA | [ ] Yes [ ]  No |       |

**Participant(s) Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Printed Name: |       | Position: |       | Phone: |       | Email: |       |
| Signature: |  | Date: |  |
| Printed Name: |       | Position: |       | Phone: |       | Email: |       |
| Signature: |  | Date: |  |
| Printed Name: |       | Position: |       | Phone: |       | Email: |       |

**Recommendation to use:** [ ] Yes [ ]  No [ ] Yes, with follow up completed:

|  |
| --- |
|       |