



### **PART #3 PROJECT INFORMATION**

Area of interest, targeted modification/adaptation, or task:

Restrictive Measure? (must be cleared by Restrictive Measures Committee)

Yes                  No

Listed in person's Behavioral Support Plan?

Yes                  No

Expected funding source (private pay/DCDHS, FSRC, etc):

Other related issues/additional info:

Best time for a site visit:

Residential/Site Contact (name):

Phone #:

Time frame for project: (highlight/bold/circle one)

Urgent                  Within next month                  3 Months                  6 months