DORMITORY MAP

Facility Name:								
Address:								
This form is to be used by the Dormitory Supervisor and the Registration Team. The form will be kept at Registration to aid in assigning cots to clients. The Dormitory Team will be provided copies of the completed form with updates to cot assignments being provided as regularly as possible.								
TO BE COMPLETED BY THE DORMITORY SUPERVISOR:								
Draw a dormitory map in the box below, indicating doors, restroom access, aisles, emergency exits and cot placement. Number the cots. When the map is completed turn this form into the Registration Team Supervisor.								

TO BE COMPLETED BY THE REGISTRATION TEAM:

Assign cots by writing clients' last names next to cot numbers below. Work with residents to choose preferred sleeping spots, considering factors like keeping families together, access to electrical outlets for medical devices, restroom access, and placing clients with mobility issues in stable wall-side cots.

Cot #	Last Name	Co	t #	Last Name	Cot#	Last Name