

STANISLAUS COUNTY FACILITY RESOURCE DIAGRAM

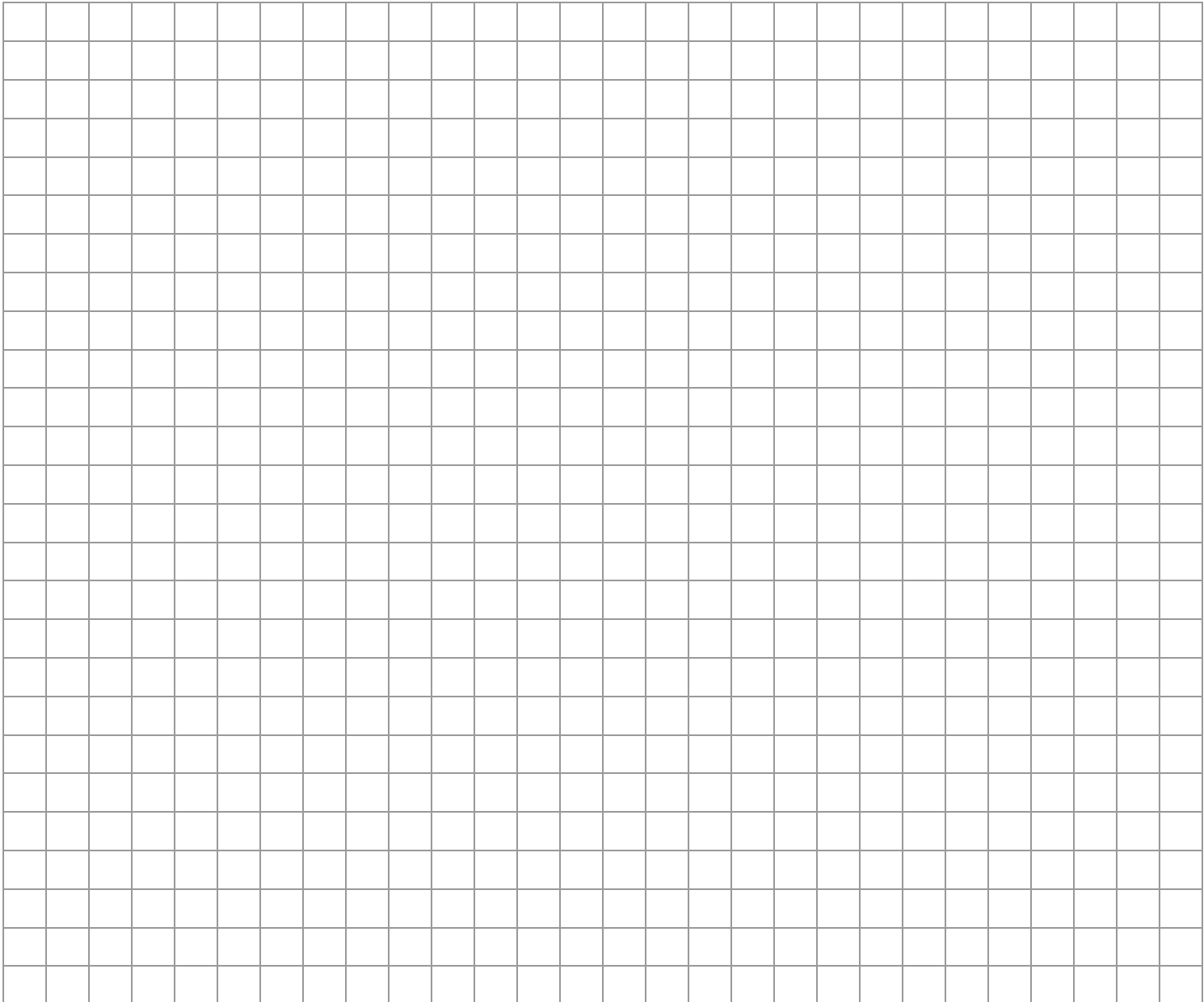
DIRECTIONS: Provide a rough sketch of the space in the area provided below. Include doorways, barriers and any other important features of the space. Check appropriate boxes regarding potential uses for the space and provide as much information as possible about the space. Use extra pages if necessary.

Space Name/Location: _____ Size/Sq. Ft: _____

<input type="checkbox"/> Dorm (sleeping or alternate care area)	<input type="checkbox"/> Dining	<input type="checkbox"/> Office(s)	<input type="checkbox"/> Interview Area
<input type="checkbox"/> Disaster Health Station (for first aid or medical treatment)	<input type="checkbox"/> Recreation/Meeting Area	<input type="checkbox"/> Client Storage Area	
<input type="checkbox"/> Staff Break Room	<input type="checkbox"/> Bathroom/Shower Area	<input type="checkbox"/> Other: _____	

of Chairs: _____ # of Tables: _____ Seating Capacity: _____

 X4 **ROOM DIAGRAM:**



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COMMENTS: