



CERTIFIED RESIDENTIAL OPPORTUNITIES REQUEST FOR APPROVAL TO FILL A RESIDENTIAL OPPORTUNITY

Instructions: as indicated in the Protocol for Certified Residential Opportunities, the Residential Provider should complete this form for individuals they wish to place and submit to the regional office at the address indicated below. **All placements require the DDRO Director's approval prior to admission.**

<input type="checkbox"/> Current Vacancy	<input type="checkbox"/> Anticipated Vacancy	Proposed Move Date: _____
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1. INDIVIDUAL SELECTED FOR RESIDENTIAL OPPORTUNITY

Name: _____ TABS #: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

<input type="checkbox"/> Emergency Need	<input type="checkbox"/> Substantial Need	<input type="checkbox"/> Current Need
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Date of Vacancy: _____

Vacancy Program Name/Address: _____

County: _____

Residential Provider: _____

Residential Provider Staff Contact Person: _____ Phone Number: _____

_____ Date: _____

Residential Provider Staff Representative Authorizing This Form

Is this person moving out of an ICF, DC, CRP or SNF/hospital/psych center into an MFP-Qualifying Setting? Yes No

Qualifying Placement Plan: IRA 4 or smaller FC 4 or smaller ****If yes, notify community.transitions@opwdd.ny.gov**

ADDITIONAL INFORMATION FOR PROVIDERS

To Add/Remove an individual to a program, the residential provider will need to submit a DDP1 in CHOICES. A signed copy of this Residential Approval Form will need to be scanned and uploaded into CHOICES as a supporting document to the DDP1.

Notification of MHLS by the residential provider is necessary when an individual is proposed to move from one certified residential site to another location, including another certified site. The residential provider copies MHLS and the OPWDD regional district office on the 30 day notification letter sent to the individual prior to any proposed moves from a certified site. The notification of due process applies whether or not there is objection to the move expressed by any of the parties.

Submit form to: DDRO Certified Residential Opportunities Team

----- THIS SECTION TO BE COMPLETED BY OPWDD CRO TEAM -----

Date Request Received:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved <i>reason:</i>
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DDRO Director/Designee _____	Date _____
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