



CERTIFIED RESIDENTIAL OPPORTUNITIES VACANCY ANNOUNCEMENT & SITE PROFILE

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), the residential provider must complete this form to communicate each vacancy to the CRO Team. Additionally, at the discretion of the regional office a site profile may be required. Note: If the provider has submitted an Agency Profile previously to the CRO Department and the information on the profile is still current, this form is not required. In this case, the residential provider must notify the CRO Department of the desire to announce a vacancy via e-mail.

Check all that apply:

- VACANCY ANNOUNCEMENT
SITE PROFILE

Date:
Agency Reporting Vacancy:
Date of Vacancy (actual/anticipated):
Name of Person Completing Form:
Phone:
Email Address:

Does this vacancy announcement replace a previously announced site vacancy due to an internal move? Yes No
If yes, name of the site this vacancy replaces:

RESIDENTIAL INFORMATION

Indicate vacancy type

- VOIRA SOIRA CR Supervised Apt. Supportive Apt. Family Care ICF

Full Residential Program/Site Address:
County:
Site Contact Person:
Contact Phone Number:

Description/Makeup of the Home Detailing Any Special Features of the Home:

PHYSICAL PLANT

Certified Capacity: Co-ed Gender Specific Number of Floors in Home: Vacant Bedroom on What Floor:
Number of Respite Beds: # of Stairs to Entry of Home:

EXISTING ENVIRONMENTAL MODIFICATIONS

Table with 3 columns: Internal/External, Yes, No. Rows include Barrier Free, Door Alarms, Special Tubs, Time Out Room, Special Lifts, Quiet Areas, Sprinkler System, Smoke Free, Pets Allowed, Ramped Entrance.

Fenced in Yard	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Description: _____		
TRANSPORTATION		
Type of Vehicles Available to Home:	Access to Public Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
STAFFING/ SUPPORTS		
Staffing Minimums Day: _____	Staffing Minimums Evening: _____ Staffing Minimums Night: _____	
Nursing Supports: _____	Available Clinical Supports: _____ Staff Trained in Restrictive SCIP Interventions/PROMOTE: _____	
Skill Levels and Activities of Individuals:		
Age Range of Individuals: _____		
Additional Comments or Information: _____		
Submit form to:		
DDRO Certified Residential Opportunities Team		
----- THIS SECTION TO BE COMPLETED BY THE CRO TEAM-----		
Date form received: _____		
Staff person reviewing form: _____		