



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

Number of Floors in Home: _____

☐ Gender Specific

Vacant Bedroom on What Floor: _____

Number of Respite Beds: _____

of Stairs to Entry of Home: _____

EXISTING ENVIRONMENTAL MODIFICATIONS

Internal

Yes

No

Barrier Free

☐☐

Door Alarms

☐☐

Special Tubs

☐☐

Time Out Room

☐☐

Special Lifts

☐☐

Quiet Areas

☐☐

Sprinkler System

☐☐

Smoke Free

☐☐

Pets Allowed

☐☐

External

☐☐

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: <div style="text-align: center;">DDRO Certified Residential Opportunities Team</div>		
----- THIS SECTION TO BE COMPLETED BY THE CRO TEAM-----		
Date form received: _____ Staff person reviewing form: _____		