

ATTACHMENT A

Residential Services Opening Description

Agency name and address: _____

Name and phone number of agency contact person: _____

Date vacancy is available: _____

Address where vacancy is available or the geographical area where services can be provided:

Program type (check one): SL GH IMR-E Other

If SL, indicate the number of staff hours/day that support is available: _____

Briefly, describe the residence that is available: _____

Residence is wheelchair accessible: Yes No Interior Exterior

The maximum occupancy of this residence is: _____

The present occupancy of this residence is: _____

The ages and genders of current tenants are: _____

Desired referrals can be: Male Female Either

Desired referrals can be: Smoker Non-Smoker Either

Individuals referred will have a: Private Shared Bedroom.

Describe the level of assistance available for referred clients (e.g., level of assistance with daily living skills, one-to-one behavioral support, etc.):

Describe any professional or specialized services available (e.g., nursing, etc.): _____

Other characteristics agency specializes in providing (e.g., specific age group, mental health supports, etc.): _____

A current staffing schedule is attached: Yes No

Minimum of two references from people you currently support attached: Yes No

Additional comments: