













## 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: