

Provider Vacancy Announcement

To: Registry Coordinators - IDD Email: registry@cardinalinnovations.org

Date: _____ Phone: _____

From: _____

Agency Name: _____

Phone: _____ Fax: _____

Email: _____

Vacancy Information (one vacancy per form)

Date vacancy available: _____

Type of vacancy (Group living, ADVP, etc. & vacancy): _____

Location/address of the vacancy: _____

Did a previous Cardinal Innovations member create this vacancy? Yes No

If yes, rationale for discharge: _____

Include CI # of vacating member: _____

Was that member receiving state funds to support them? Yes No

If yes, what service? Supervised Living _____

Group Living _____

Is this vacancy subsidized by HUD? Yes No

What was the date of discharge or termination? _____

Was a discharge TAR SENT? Yes No Date: _____

List member characteristics that are specific to this vacancy (i.e. gender, age, etc.):

To be filled out by Cardinal Innovations and returned to the Provider with a listing of waiting members:

Assigned Registry Staff: _____ Phone: _____

This vacancy may be funded with the following:

Group Living ADVP Other (explain): _____

Discharge TAR received: Yes No Date: _____

Comments:

Date applications sent to Provider
(within 5 business days of the request): _____

To be filled out by the Provider and returned to the Registry Team upon selection of applicant accompanied with a rationale for non-selection. Once received, the provider may then submit a TAR:

Name of individual to receive service: _____

Date requesting service: _____

Service requested: _____

This form serves as notification of removal from the waitlist for the services provided. Individuals may remain on other waitlists for other services if they choose. If the above recipient is not the first person on the listing provided by the Clinical Support, then the Provider will need to attach the listing with a rationale as why individuals ahead of the recipient have not been placed in this service.