NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES

H006 - VACANCY ANNOUNCEMENT

Instructions: Voluntary and State Operated Residential Providers must utilize this form when notifying the Regional Housing team of all new and existing, viable and non-viable residential vacancy within 5 calendar days. Residential Providers must review the previously submitted Site Profile Form for this specific vacancy to ensure that the residence is accurately described. If the previous information needs to be corrected and/or updated, you must complete and submit a new Site Profile Form (H007).

Date: **Agency Reporting Vacancy:**

Housing Address - Street:

City: **State:** **Zip Code:** **County:**

Operating Certificate #:

Date Vacancy is available: **Indicate Vacancy Type:**

Site Contact Person:

Contact Phone Number: **Email Address:**

Is this vacancy viable? ☐ **Yes** ☐ **No** **If no, why:** Please Select

If other, explain:

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

Operating Certificate #:

Date of original vacancy:

Type of Bedroom: **What floor is the bedroom on?**

Vacancy is for a:

Additional Comments:

Name of Person Completing Form:

Phone Number: **Ext:**

Email Address:

Submit completed form to the OPWDD Housing Team Mailbox:

------- THIS SECTION TO BE COMPLETED BY THE CERTIFIED HOUSING TEAM -------

Date form was received:
Staff person reviewing form: