



Vacancy Information

Please complete form and return no later than 1st Monday of each month to ResidentialVacancy@nbrc.net

Name of Person completing form:

Facility name:

Vendor Number:

Address:

Date:

Facility Telephone:

Contact name of person receiving referrals:

Contact Number:

Email:

Licensed age range:

Facility service level:

Facility type

ARF

Children

ICF/DDH

ICF/DDN

RCFE

SRF

Other :

Number of vacancies in your Facility:

Number of clients currently in your Facility:

Vendor capacity:

4

Other:

30 Day Notice

Y

N

Date of Notice

Name & UCI:

Issued

Description of Vacancy:

Male Female

Ambulatory Non-Ambulatory

What type of room is available:

Shared Private room

Effective Date of availability:

What language(s) is/are spoken in your facility?

Please provide a brief description of the specific health and safety needs your facility will provide (e.g. diabetes, dementia or self-care needs; behavioral and/or medical care needs, etc.).