

**South Carolina Department of Disabilities and Special Needs
Notification of Anticipated Residential Availability**

Provider Name: _____

Type of Setting in which opening is anticipated (within approximately 24 months):

Intermediate Care Facility for individuals with Intellectual Disability (ICF/IID)

Residential Habilitation – If yes, indicate the model:

- Community Training Home-I (CTH-I)
- Community Training Home II (CTH-II)
- Supervised Living Program II (SLP-II)
- Supported Living Program I (SLP-I)
- Community Residential Care Facility (CRCF)

Location of the setting (*address*)(*include zip code*): _____

Additional Information about the setting (As appropriate, provide additional information about the specific setting in which the opening is anticipated. When the setting is a shared living arrangement, the preferences of those currently residing in the setting should be solicited and reflected in this description. Information such as the gender, the age range, and interests/preferences of those supported could be included. If the setting is equipped to support people with behavior or health challenges, such information should be included.)

Date the opening is anticipated: _____

Name of Person Submitting

Date of Submission: _____