

 **Declaration of Provider Interest in Shared Living**

|  |  |
| --- | --- |
| **Provider Name:** |  |
| **Contact Name:** |   |
| **Email / Phone:** |  |
| **Do you currently have a Residential License?** |  | **List any other services you provide?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently a Shared Living Provider looking to expand? If yes, how many SLC do you currently have (include all CDDO areas)? Please attach a list of all current locations and capacity of each. |  | What date do you anticipate this expansion? |  |
| Are you a current provider that would like to begin providing Shared Living? |  | What date would you like to initiate services? |  |
| Are you a new applicant who would like to obtain licensure? |  | What date do you intend to apply? |  |
|  |
| **Please list details and plans for expansion or opening; be sure to include all CDDO areas and size of program:** |  |

*To be reviewed by IDD Licensing Manager*

|  |  |
| --- | --- |
|  |  |
| **IDD Licensing Manager** | **Date Reviewed** |
| **Notes:** |