



## iCare Residential Availability Form

As an iCare provider, please complete the following information using this form anytime availability in your facility changes and a member has access to it. The following information is needed:

- Provider Name:
- Provider Phone Number:
- Type of Provider: \_\_\_\_AFH \_\_\_\_CBRF \_\_\_\_RCAC
- Ambulatory or Non-ambulatory Facility:
- Male or Female Availability:
- Shared or Single Room:
- Wheelchair Accessibility:

This completed form can be sent to the following mailbox-  
[icareresidentialopenings@icarehealthplan.org](mailto:icareresidentialopenings@icarehealthplan.org). In the **subject line** of the e-mail add  
**“Attention Community Resource Specialist-Family Partnership Residential  
Opening”**.