



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@icare-wi.org. In the **subject line** of the e-mail add “***Attention Community Resource Specialist-Family Partnership Residential Opening***”.