Appendix 1

**CAS Proposals Congregated Settings 2016 – Supplementary Information to attach to the CAS 2**

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| --- | --- |
| Name of AHB |  |
| Confirmation the AHB has signed up to VRC | Y or N – please comment if necessary |
| Address of Proposed - Acquisition(s)/if not known state general location |  |
| No. of Bedrooms |  |
| No. of Units |  |
| Proposed No. of residents |  |
| Category of Tenant(s) |  |
| Room for Carer | Y or N |
| Specific Name/Address/Unit name of Congregated setting being transitioned from? | Specific identification in large campuses etc. |
| Planned Support Service Provider | Insert support details here |
| Certification received from HSE local office? | Y or N – please comment if necessary |
| Certification received from Housing Authority? | Y or N – please comment if necessary |
| Certification from Service Provider that resources are in place/agreed to deliver Care Support Package? | Y or N – please comment if necessary |
| Does the application relate to a HSE priority site in 2016? | Please specify |