CAHC Provider Vacancy Notification

Complete this form and submit to your assigned CAHC Agency Consultant within 10 days of a provider vacancy

Sponsoring Agency Name

CAHC Name

Name of Person Completing this Form

Email Address

Telephone Number

Name of Provider

Provider Title (NP, PA, SW, etc.)

Date Provider Absence Begins

Planned or Unplanned Vacancy?

Planned *Unplanned*

Expected Date of Return or New Hire

Is a request for a budget amendment expected as a result of this vacancy?

Yes *No*

Note that all requests for budget amendments are due to MDHHS by July 1

Plans for Provider Coverage During this Absence

Plans for Mental Health Crisis Coverage During this Absence (if MH Provider Vacancy)