

HOSPICE FACILITY
Paperwork Requirements for Expanding Service Area

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. What is your current approved geographic service area(s)? List by specific city/town name or if an entire county, identify the county. (ex: Cities of Cheyenne and Wheatland or County of Laramie, etc.)
	2. a) What additional geographic service area(s) would you like to expand to? List by specific city/town name or if an entire county, identify the county. (ex: Cities of Cheyenne and Wheatland or County of Laramie, etc.)
	3. How will you ensure adequate staff and clinical oversight at the new location(s)?
	4. Send a detailed narrative outlining the reason for the expansion request.
	5. Are there agencies currently providing services in the proposed expansion area? If so, please provide a list.
	6. Have you received referrals from the new service area? How many?

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY

Date:	Surveyor Assigned to Review:
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Surveyor Review Summary and Comments:

Healthcare Surveillance Branch Chief Comments:

Additional Information Needed: **Approved:** **Denied:**

Date: _____ **Signature:** _____