

Attachment B -Community Mental Health Center Site Visit Request Form

(Rev. 1, 05-21-04)

COMMUNITY MENTAL HEALTH CENTER SITE VISIT REQUEST FORM

Date of request: _____

Check type of site visit:

_____ Initial applicant

_____ Change of ownership with assignment

_____ Change of ownership without assignment

_____ Other - (explain reason for visit)

Please complete the following for the CMHC applicant requiring a site visit:

Name: _____

Address: _____

Phone Number: _____

Owner(s) Name: _____

Managing/Directing Employee: _____

Contact Person: _____

Please complete the following for the fiscal intermediary:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Person:

Corresponding CMS Regional Office:

CMS Regional Office Contact:
