Adult Day Health Center (ADHC)
Report of Change Application Checklist for Change of Service (Hours/Days of Operations)

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF SERVICE AND HOURS/DAYS OF OPERATIONS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 200	**LICENSURE & CERTIFICATION APPLICATION** [Health and Safety Code (HSC) section 15752 and 1575.1] [Title 22 California Code of Regulations (CCR) section 78205] **Tips** • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supporting Documents	**A.11 - CONSTRUCTION** [22 CCR section 78227(1) and 78501(a)(1) and (b)] If construction occurred or if a newly constructed building: • Submit **evidence of compliance** with local building code requirements or; • **Certificate of Occupancy** issued by the local building authority **Note:** ADHCs are not subject to architectural plan review by the Office of Statewide Health Planning and Development.
	ADH 0006	**STAFFING/SERVICES ARRANGEMENT** [22 CCR section 78205(a)(11)] Submit a copy of the ADH 0006

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**

	CDPH 609	**BED OR SERVICE REQUEST (only if applying to add Adult Day Program)**
		[HSC section 1578.1(b)]
		[22 CCR section 78221 and 78347]
		
		Bottom page:
		• Under the "Existing Services" category:
		  ○ Place a checkmark next to the applicable service types
		• Under the "Requested Services" category:
		  ○ Place a checkmark next to all applicable service types, adding a checkmark to an additional service or omitting a checkmark next to the service you are requesting to remove
		Tips
		• Approved Capacity – Do not complete this section - For Centralized Applications Branch use only
		• To remove a service from your license, in the REQUESTED SERVICES column, make sure the service you want removed is unchecked.