

Correctional Treatment Center Report of Change Application Checklist for Change of Bed

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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and ID number (if known) • Brief description of request • Contact information (name, title, phone number, and email 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

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	HS 200	<p>LICENSING & CERTIFICATION APPLICATION [Title 22 California Code of Regulations (CCR) section 79581]</p> <p>Tips:</p> <ul style="list-style-type: none"> • 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 with 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	<p>A. 11-OFFICE OF STATEWID HEALTH PLANNING & DEVELOPMENT (OSHDP) AND/ OR CERTIFICATION OF OCCUPANCY (CO) IF CONSTRUCTION [22 CCR sections 79583, 79819 and 79821]</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit:</p> <ul style="list-style-type: none"> • Certificate of Occupancy: certificate from the local building authority • This is not applicable if there were alterations or repairs to existing buildings performed or conversion of space
	Supporting Documents	<p>Floor Plan</p> <p>Submit a floor plan that coincides with your office space</p>
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST [22 CCR sections 79583 and 79525]</p> <p>The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form.</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	CDPH 609	<p>BED OR SERVICES REQUEST</p> <ul style="list-style-type: none"> • For new facilities or initial licensure, complete the columns marked “Requested Beds” and “Requested Services” • For currently licensed facilities or Change of Ownership complete the columns marked “Existing Beds” and “Existing Services” and the columns marked “Requested Beds” and “Requested Services”