

**Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)  
ICF/DD-Habilitative (ICF/DD-H)  
Report of Change Application Instructions for  
Change of Name**

To request and submit changes to a licensed facility in California, complete the required application forms and submit them with all of the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete applications. Refer to the [sample application packet](#) to assist in completing a Change of Location (CHON) application.

These instructions assist in preparing an ICF/DD or ICF/DD-H report of change application packet for a CHON.

Please read each required application form carefully and:

- Provide all requested supporting documents
- Retain a copy of the completed application forms and supporting documents – CAB may contact the applicant and will refer to the information provided

**Review Process**

CAB receives an application packet and assigns an application ID number in the Electronic Licensing Management System. A CAB analyst reviews the application packet to validate receipt of all of the required forms and supporting documents. Application packets missing forms and/or supporting documents are incomplete and may result in a delay in processing.

**Submission of Applications**

Submit all completed application packets to:

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Branch  
P.O. Box 997377, MS 3207  
Sacramento, CA 95899-7377

If you have any questions, please contact CAB at (916) 552-8632 or by e-mail at [CAB@cdph.ca.gov](mailto:CAB@cdph.ca.gov).