

**Intermediate Care Facility/Developmentally Disabled (ICF/DD)
ICF/DD-Habilitative (ICF/DD-H)
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.

Check all that apply: **Add/Reactivate** **Remove** **Suspend**

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

REQUIRED DOCUMENTS FOR A CHANGE OF BED

<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 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION ICF/DD: Title 22 California Code of Regulations (CCR) section 76201, 76203(a)(2) and 76225(d) ICF/DD-H: 22 CCR section 76844(b)(2) and (6) and 76844(c)</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 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	<p>A.11 - BUILDING CLEARANCE OR CERTIFICATE OF OCCUPANCY ICF/DD: 22 CCR section 76213 ICF/DD-H: 22 CCR section 76847(b) and Health Safety Code (HSC) section 1267.8</p> <p>If construction, submit building clearance or Certificate of Occupancy issued by the local building authority</p>
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST ICF/DD: 22 CCR section 76213(a) ICF/DD-H: 22 CCR section 76847(a) and HSC section 1267.8</p> <p>Required regardless of whether construction has occurred or not. 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>