

FY 2022-23 CPP Guidelines
Enclosure D**MODIFICATION REQUEST FORM****MODIFICATION REQUEST**

REQUESTED BY: _____

DATE REQUESTED: _____

REQUESTING RC: _____

JOINT RC: _____

MODIFICATION REQUEST TYPE

- ☐ BED RELEASE
- ☐ FINANCIAL CHANGE
- ☐ PROJECT CHANGE
- ☐ OTHER _____

REQUEST STATUS

OCD TRACKING #: _____

☐ PENDING _____

☐ APPROVED _____

☐ DENIED _____

CURRENT START-UP PROJECT INFORMATION

PROJECT ID: _____

FISCAL YEAR: _____

DC CLOSURE: _____

START-UP TYPE: _____

DEVELOPMENT TYPE: _____

START-UP CLASSIFICATION: _____

PRIOR YEAR PROJECT ID: _____

DELAYED EGRESS/SECURED PERIMETER: _____

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

HDO NAME: _____

SERVICE PROVIDER NAME: _____

CURRENT ACQUISITION FUNDS: _____

CURRENT RENOVATION FUNDS: _____

CURRENT PROVIDER START-UP FUNDS: _____

HDO AFFILIATION: _____

PROGRAM TYPE: _____

LEAD RC PROJECT ID: _____

SO BEDS: _____ COMMUNITY BEDS: _____

IMD BEDS: _____ SNF BEDS: _____

OOS BEDS: _____ TOTAL BEDS: _____

REGIONAL CENTER REQUEST INFORMATION

What is the change being requested? Reason for the change? Describe what needs to be changed.

DDS REVIEW AND RECOMMENDATION

How will the change impact current or associated projects and financial impact? Issues that could arise due to the change?