

FY 2023-24 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?