

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?