

FY 2024-25 CPP/CRDP
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?