

CHANGE OF INFORMATION FORM

The following information is to be completed by Community Centered Boards or Program Approved Service Agencies and submitted to the Colorado Department of Public Health and Environment when a change of information has taken place. Please complete the information below and e-mail to cdphe.healthfacilities@state.co.us. Please call 303.692.2836 with any questions.

Please select the applicable change of information from the options below:

Change of Administrative Office

New Address: _____

New Phone #: _____ Does this new location replace the previous administrative office location? YES NO

If yes, what previous address does this replace: _____

If this is a change of administrative office location, has HCPF/Xerox been contacted with regard to the change (necessary for billing ID information)? YES NO

Additional comments/information: _____

Change of Business Name or Doing Business as (DBA)/Trade Name

New Name: _____ Change of: Business Name DBA/Trade Name

Change Effective Date: _____ Previous name: _____

Has the change been registered with the Secretary of State? YES NO

Has the change been processed with HCPF /Xerox? YES NO

Additional comments/information: _____

Change of Agency Ownership

New Agency Owner: _____

Previous Owner Name: _____ Change Effective Date: _____

Has the change been registered with the Secretary of State? YES NO

Has the change been processed with HCPF /Xerox? YES NO

Please submit the necessary documentation supporting the new agency owner/operator meets the applicable minimum provider qualifications. All documentation may be submitted to the email address above.

Change of Day Program Site

New Address: _____

New Phone #: _____

Does this new location replace a previous Day Program site? YES NO

If yes, what previous address does this replace: _____

What services are being provided at this new site: Supported Employment Specialized Habilitation
 Prevocational Other _____

Other Updated Information

(i.e., email address, etc.) Please explain: _____

Submitted by: _____ Position: _____

Agency: _____ Phone: _____ Date: _____