|  |  |
| --- | --- |
| Provider #:  ORG NPI #: | Site Visit Date:  Type of Site Visit:  Certification or  Re-Certification |
| Name: Click here to enter text. | Date Provider Requested Certification  (Complete application received by DHCS Cert Unit/HCA rec’d application from Contract, if applicable): Click here to enter a date. |
| Address: Click here to enter text. Click here to enter text. | DHCS & CCL License & Certification (Residential Programs Only) Approval Date: Click here to enter a date. |
| Phone #: | Operational Date (1st day client received  Services, if applicable; new provider): |
| Days & Hours of Service: | Relocation Date (1st day at new address, if applicable):  NA |
| Age Range of Clients: | Change of Hours of Service (if applicable)  Effective Date: |
| Number of Open Cases: | Fire Clearance Date: |
| Length of Stay (LOS): Clic enter text. | Catchment Area: Click here to enter text. |
| Percent (%) Medi-Cal Clients: Click here to enter text. | Referrals From: Click here to enter text. |
| Ethnicity of Population (Percent %):  African American:  Arab: Click here to enter text.  Caucasian: Click here to enter text.  Hispanic: Click here to enter text.  Iranian (Persian): Click here to enter text.  Korean: Click here to enter text.  Vietnamese: Click here to enter text.  Other: Click here to enter text. | Bilingual Staff (by discipline and job classification):  Arabic: Click here to enter text.  Farsi: Click here to enter text.  Korean:  Spanish: Click here to enter text.  Vietnamese: Click here to enter text.  Other: Click here to enter text. |
| Staffing Patterns (including HOS):  Numbers FTE  Psychiatrist  Ph.D./Psy.D.  LCSW  ASW  LMFT  AMFT | Staffing Patterns (including HOS):  Numbers FTE  Psychiatric NP  RN  LPT/LVN  MH Rehab Specialist  MHW  Other |
| Percent (%) of Time in Field: | |
| List Field Sites: | |
| Head of Service (Service Chief or Program Director): | |

**HCA/MHRS Medi-Cal Certification & Re-Certification Guide for Pertinent Information**

Pertinent Information Form/AQIS/ CDSS/ Medical Certification-Re Certification revised 7-6-22 EL