|  |  |
| --- | --- |
| 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 FTEPsychiatrist Ph.D./Psy.D. LCSW ASW LMFT AMFT  | Staffing Patterns (including HOS):  Numbers FTEPsychiatric 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