

OFFICE OF LICENSURE: AGENCY/SERVICE CHANGE OF STATUS FORM

INSTRUCTIONS: Use this form to report or request a change in the status of previously submitted application information or the conditions of a current license. This form is not for use in changing the ownership or operator of a currently licensed facility or service, the addition of another facility or service by a current Licensee, the relocation of a currently licensed facility or service, or a major change in use or occupancy of a currently licensed facility or service.

DATE: _____

LICENSEE NAME: _____

LIST THE SITE NAME OF THE FACILITY OR SERVICE IN WHICH THE CHANGE INDICATED BELOW IS TO OCCUR:

CHECK THE ITEM(S) BELOW WHICH DESCRIBE(S) THE CHANGE(S) TO OCCUR AND SUBMIT THE REQUESTED INFORMATION

1. **CHANGE IN CHIEF EXECUTIVE OFFICER OR DIRECTOR:** The Licensee has appointed or hired the individual listed below to serve as chief executive officer or director on whom rests the authority and responsibility for the overall management of the organization/company:

NAME: _____

TITLE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Proof of citizenship, three character references, a Licensure Background Check Information form, and a Non-criminal Justice Applicant's privacy rights form must be submitted on the individual identified above. An appointment to be fingerprinted will be scheduled for this individual by the regional licensure office.

2. **CHANGE IN LICENSEE NAME:** The Licensee is changing IN NAME ONLY from the name listed above to the following name:

This is **NOT** a change in ownership or operator of the facility or service. The Licensee is changing in **name only**. Attach a copy of the legal documentation which evidences this change of name, such as revised corporate charter from the Secretary of State, marriage certificate, court papers, partnership agreement, etc.

3. **CHANGE IN THE PUBLIC NAME OF THE FACILITY OR SERVICE:** The Licensee is changing the site name of the facility or service listed above as it is currently known to the public and listed on the current license to the following new name. Use one (1) form for each site name change.

4. **REQUEST FOR CHANGE IN LICENSED CAPACITY:** The Licensee is requesting a change in the bed capacity listed on the current license. This capacity change does not involve an expansion or addition to the physical plant of the facility or service. (Expansion or addition requires the submission of a Fact Sheet form.)

Current bed capacity is: _____. Requested bed capacity is: _____

5. **REQUEST FOR APPROVAL OF CHANGE AFFECTING CURRENT LIFE SAFETY OCCUPANCY CLASSIFICATION:** A change is being planned in the program of the facility or service listed above which will affect the current life safety occupancy classification of the facility as follows:

Add Delete

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Serving persons who use wheelchairs, walkers, etc. for mobility. |
| <input type="checkbox"/> | <input type="checkbox"/> | Serving blind persons |
| <input type="checkbox"/> | <input type="checkbox"/> | Serving deaf or hearing impaired persons |
| <input type="checkbox"/> | <input type="checkbox"/> | Serving persons who are incapable of self-preservation |
| <input type="checkbox"/> | <input type="checkbox"/> | Imposing security measures upon persons which are beyond their control (e.g., exit doors or windows locked against egress, restraints, seclusion, etc.) |

6. **CLOSURE OF LICENSE:** The Licensee has voluntarily chosen to close the site listed above. The closure will be effective on the following date:

_____. Please attach a summary of the reason for the decision to close and the arrangements to be made for displaced clients, if applicable.

7. **CLOSURE OF CATEGORY(IES) ONLY:** Effective _____, the Licensee is requesting to close the following category(ies) for the site listed above:

8. **CLOSURE OF LICENSE DUE TO RELOCATION:** The Licensee is relocating the facility or service listed above effective

_____.
(Relocation may NOT occur prior to submission of Fact Sheet and other documentation, payment of fees, and on-site inspection, if applicable.)

CERTIFICATION OF INFORMATION

The person signing below hereby declares his/her authority to submit this information as an addendum or change to the application information supplied to TDMHSAS as a basis for determining issuance of a license. The undersigned person further declares that this information is true, correct, and complete to the best of his/her knowledge.

Signature of Authorized Agent

Title

Name (please print) _____ Date: _____

(Send completed form to appropriate regional office.)

East Tennessee 520 West Summit Hill Drive Suite 502 Knoxville, TN 37902 Telephone #: 865-594-6551 Fax #: 844-340-4482 Email: LicensureEast.fax@tn.gov	Middle Tennessee 500 Deaderick Street 5 th Floor, Andrew Jackson Bldg. Nashville, TN 37243 Telephone #: 615-532-6590 Fax #: 615-532-7856 Email: LicensureMiddle.fax@tn.gov	West Tennessee 951 Court Avenue Memphis, TN 38103 Telephone #: 901-543-7442 Fax #: 844-844-5538 Email: LicensureWest.fax@tn.gov
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