

**BED OR SERVICE REQUEST**

Date
------

This form is intended to identify the types of beds or services requested for adult day health center, acute psychiatric hospitals, general acute care hospitals, special hospitals and skilled nursing facilities. For new facilities, complete the column marked "Requested Beds." For existing facilities, complete both columns. The form is to accompany the application form (HS 200) for any new facility, change in capacity, service, or bed classification.

Name of facility	Type		
Address (number, street)	City	State	ZIP code

Please enter the number of beds requested for each category:

**EXISTING BEDS**

- \_\_\_\_\_ Acute Respiratory Care Services
- \_\_\_\_\_ Burn Center
- \_\_\_\_\_ Cardiovascular Surgery Service
- \_\_\_\_\_ Coronary Care Unit
- \_\_\_\_\_ General Acute Care (Unspecified)
- \_\_\_\_\_ General Nursing (Long-Term)
- \_\_\_\_\_ Intensive Care (Newborn)
- \_\_\_\_\_ Intensive Care Unit
- \_\_\_\_\_ Pediatric Service
- \_\_\_\_\_ Perinatal Unit
- \_\_\_\_\_ Psychiatric Unit
- \_\_\_\_\_ Rehabilitation Center
- \_\_\_\_\_ Renal Transplant Center
- \_\_\_\_\_ Respiratory Care Service
- \_\_\_\_\_ Skilled Nursing Service (DP)
- \_\_\_\_\_ Other (specify) \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**REQUESTED BEDS**

- \_\_\_\_\_ Acute Respiratory Care Services
- \_\_\_\_\_ Burn Center
- \_\_\_\_\_ Cardiovascular Surgery Service
- \_\_\_\_\_ Coronary Care Unit
- \_\_\_\_\_ General Acute Care (Unspecified)
- \_\_\_\_\_ General Nursing (Long-Term)
- \_\_\_\_\_ Intensive Care (Newborn)
- \_\_\_\_\_ Intensive Care Unit
- \_\_\_\_\_ Pediatric Service
- \_\_\_\_\_ Perinatal Unit
- \_\_\_\_\_ Psychiatric Unit
- \_\_\_\_\_ Rehabilitation Center
- \_\_\_\_\_ Renal Transplant Center
- \_\_\_\_\_ Respiratory Care Service
- \_\_\_\_\_ Skilled Nursing Service (DP)
- \_\_\_\_\_ Other (specify) \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ **APPROVED CAPACITY**

\_\_\_\_\_ **APPROVED CAPACITY** (For Departmental use only)

Please check services which the facility currently provides or is requesting:

**EXISTING SERVICES**

- \_\_\_\_\_ Adult Day Program (only applies to an ADHC)
- \_\_\_\_\_ Basic Emergency Physician on Duty
- \_\_\_\_\_ Cardiovascular Surgery
- \_\_\_\_\_ Chronic Dialysis Service
- \_\_\_\_\_ Comprehensive Emergency
- \_\_\_\_\_ Dental Service
- \_\_\_\_\_ Nuclear Medicine Service
- \_\_\_\_\_ Occupational Therapy Service
- \_\_\_\_\_ Outpatient Service (i.e. Family Practice, Pediatrics, Primary Care, Rural Health Clinic, etc.)
- Specify: \_\_\_\_\_
- Specify: \_\_\_\_\_
- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Podiatric Service
- \_\_\_\_\_ Radiation Therapy
- \_\_\_\_\_ Social Service
- \_\_\_\_\_ Speech Pathology and/or Audiology Service
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**REQUESTED SERVICES**

- \_\_\_\_\_ Adult Day Program (only applies to an ADHC)
- \_\_\_\_\_ Basic Emergency Physician on Duty
- \_\_\_\_\_ Cardiovascular Surgery
- \_\_\_\_\_ Chronic Dialysis Service
- \_\_\_\_\_ Comprehensive Emergency
- \_\_\_\_\_ Dental Service
- \_\_\_\_\_ Nuclear Medicine Service
- \_\_\_\_\_ Occupational Therapy Service
- \_\_\_\_\_ Outpatient Service (i.e. Family Practice, Pediatrics, Primary Care, Rural Health Clinic, etc.)
- Specify: \_\_\_\_\_
- Specify: \_\_\_\_\_
- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Podiatric Service
- \_\_\_\_\_ Radiation Therapy
- \_\_\_\_\_ Social Service
- \_\_\_\_\_ Speech Pathology and/or Audiology Service
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_