

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & BACKGROUND CHECKS

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

NOTICE OF INTENT

MEDICARE CERTIFICATION MEDICAID CERTIFICATION STATE LICENSING

PROPOSED NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

ANTICIPATED OPENING DATE

All correspondence and documentation will be mailed to the contact address.

CONTACT NAME

PHONE NUMBER

STREET ADDRESS

CITY

MAILING ADDRESS

STATE

ZIP

EMAIL ADDRESS

FAX NUMBER

ALTERNATE CONTACT

PHONE NUMBER

NEW CONSTRUCTION

ADDITION OR REMODEL

EXISTING LICENSED CAPACITY

NEW ADDITION CAPACITY

NET CAPACITY AT COMPLETION

ANTICIPATED CONSTRUCTION START

ANTICIPATED COMPLETION

FIRM NAME

MAILING ADDRESS

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

FAX NUMBER

- SNF/NF SNF
- NF ICF/ID

Beds

Secure Unit Beds

- General
- Critical Access Hospital
- Chemical Dependency
- LTAC
- Psychiatric
- Orthopedic
- Rehabilitation
- Satellite

Beds

- Skilled Agency
- Branch

- Personal Care Agency
- Branch

- 16 Beds or less
- Type "N" (3 beds or less)
- ICF/ID

Beds

<input type="checkbox"/> Swing Bed	Beds	<input type="text"/>
<input type="checkbox"/> PPS Rehab	Beds	<input type="text"/>
<input type="checkbox"/> PPS Psych	Beds	<input type="text"/>

- Outpatient Agency
- Inpatient Agency
- Branch

Beds

- Type I
- Type II

Beds

Secure Unit Beds

- Type I
- Type II

Treatment Rooms

<input type="radio"/> Portable X-Ray	<input type="radio"/> Birthing Center	Beds	<input type="text"/>
<input type="radio"/> CORF	<input type="radio"/> Mammography	Stations	<input type="text"/>
<input type="radio"/> OPT/SP	<input type="radio"/> End Stage Renal Dialysis	Stations	<input type="text"/>
<input type="radio"/> RHC	<input type="radio"/> Ambulatory Surgical Center	OR's	<input type="text"/>

Signature

Current Date

Print Name