

# Geographic Service



**Purpose:** Evaluate the agency's overall need and ability to staff and safely serve contiguous (touching along a boundary or at a point) counties within the already approved service area.

**License Number(s):**

**Name of the agency:**

**Address:**

**City/State/ZIP Code:**

**Requesting review for (select one):** ☐ **ADDING COUNTIES** **OR** ☐ **REMOVAL**

**Current approved counties (in alphabetic order)**

**Requested counties (in alphabetic order)**

**Rationale for the request**

**Removing Counties: Effective date of change and date the last patient was serviced.**

**Additional documentation required**

- ☐ List of direct care workers currently employed by the agency, indicating those who would be staffing the proposed counties with an asterisk (\*). If your agency uses contracted services, a statement is required verifying that the contracting agency will be able to provide staff to cover the new geographic area.
- ☐ Narrative explaining:
  - How many referrals are being requested from the new service area?
  - How administration would coordinate staff assignments and provide supervisory visits per regulations?
  - How will the direct care staff send client records to the agency?

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Using the following map, identify where the currently approved counties are located with a **red (x)** and the proposed counties with a **red circle O**.



Requests can be submitted via email to (DPH.COOS@illinois.gov), fax to (217-782-0382), or U.S. Postal Service (Illinois Department of Public Health, Division of Health Care Facilities and Programs, Attn: Hospice License Program Staff, 525 W. Jefferson St., 4th Floor, Springfield, IL 62761-0001).