

# Geographic Service Area



**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:**

**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 (\*).
- Narrative explaining:
  - 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** ○ .



Requests can be submitted via email to ([Theodore.Scott@illinois.gov](mailto:Theodore.Scott@illinois.gov) and [Rani.Harms@illinois.gov](mailto:Rani.Harms@illinois.gov)), fax (217-524-0488), or U.S. Postal Service (Illinois Department of Public Health, Division of Health Care Facilities and Programs, Attn: Rani Harms, 525 W. Jefferson St., 4th Floor, Springfield, IL 62761-0001).