

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:

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 would the administration 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 (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: Home Health License Program Staff, 525 W. Jefferson St., 4th Floor, Springfield, IL 62761-0001).