

REQUEST TO ADD SITE FORM ALTERNATE FAMILY LIVING (AFL) OR RESPITE

Transforming Lives. Building Community Well-Being.

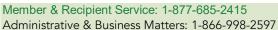
THIS FORM CAN BE USED BY IN-NETWORK PROVIDERS ONLY

to request the addition of a new Licensed or Unlicensed AFL and/or Respite Site.

IMPORTANT REQUIREMENTS & INSTRUCTIONS:

- Provider must be fully contracted for the requested service(s) at their master site in order to use this form.
- ▲ If NOT already contracted for the service at the master site, stop and submit an email to <u>NetworkServicesSupport@TrilliumNC.org</u> and request the service be added to your contract or the master site. Community Based Services must be added to the master site via a Network Development request.
- The Requested Effective Date for this site addition **cannot** precede the date of the site review/approval or the effective date of the license (when applicable).
- Submit this completed form to NetworkServicesSupport@TrilliumNC.org.

			PROVII	DER	INFO	RMATION				
Date Form Completed		Requested Effective Date (cannot precede site review or license eff. date)								
Provider Name										
Contact Name										
Contact Phone Number		Co				Contact E	Contact Email			
Billing Address		Street			City			State		Zip+4
Tax ID			NPI#				Taxonomy#			<u> </u>
			AFL/RESPI	TE S	SITE IN	IFORMAT	ION			
	IF		S A LICENSE BE SUBMITTI	D SI	ITE, A	COPY OF	THE		SE.	
AFL/Respite Provider Staff Name										
Site Name										
Site Address Street				Ci	i.e.,			State	7:.	p+4
License Number (If applicable)				License Expiration Da (If applicable)				<u> </u>)+4	
			MEMB	ER	INFOR	RMATION				
Member Name			Member Re		cord #		Member DOB		er DOB	
Current Address										
		Street		Cit			S	State Z		p+4
Trillium Care Manager (If applicable)										





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SERVICE INFORMATION						
	any services other than those listed below. If the service is no Support@TrilliumNC.org to request the desired service.					
REASON FOR REQUEST	SERVICE(s) REQUESTED					
 □ AFL HOME NEEDED FOR A MEMBER □ HOME IS LICENSED • Submit copy of license with this request. • HCBS assessment must be approved. □ HOME IS UNLICENSED • Trillium must complete a site review. • HCBS assessment must be approved. 	 □ RESIDENTIAL SUPPORTS: LEVELS 1-4 (Innovations) • H2016 CG: Residential Supports Level 1 • T2014 CG: Residential Supports Level 2 • T2020 CG: Residential Supports Level 3 • H2016 HI CG: Residential Supports Level 4 □ INDIVIDUAL SUPPORT (B3) - T1019 HE □ INDIVIDUAL SUPPORT (1915i) - T1019 U4 					
 □ RESPITE HOME NEEDED FOR A MEMBER □ LICENSED SITE • Submit copy of license with this request. □ UNLICENSED SITE 	RESPITE TYPE: INDIVIDUAL RESPITE (B3): H0045 INDIVIDUAL RESPITE (1915i): H0045 U4 RESPITE CARE COMMUNITY INDIVIDUAL: S5150 (Innovations)					
INDICATE RESPITE PLAN Respite will be during day hours only. Respite will include overnight stay. Trillium must complete a site review.						
ADDITIONAL INFORMATION						