

**HOSPITAL RESPITE CARE SERVICES
Approval Form**

**Department of Human Services
OREGON HEALTH CARE LICENSURE AND CERTIFICATION
P. O. Box 14450 – Portland, OR 97214
Telephone: 971-673-0540 Fax: 971-673-0556 TTY: 971-673-0372**

| | | |
|--|---------------------------|------------------|
| Facility Name: | | |
| Facility Address: | City/State: | Zip: |
| Name of Administrator: | Telephone No.: | |
| Contact Person for Respite Care Services: | Contact Phone No.: | |
| Signature of Administrator: | Date: | |
| HCLC Office Use Only | | |
| RESPITE CARE SERVICES APPROVED: | <u>YES</u> | <u>NO</u> |
| EFFECTIVE DATE OF APPROVAL: _____ | | |
| SURVEYOR SIGNATURE: _____ | Date: | |
| SECTION MANAGEMENT APPROVAL: _____ | Date: | |
| OFFICIAL HCLC FORM EFFECTIVE DATE: _____ | Date: | |