

ESRD – Temporary Expansion for COVID-19 Application

Facility Information		
Existing ESRD License #		
Facility Legal Name:		
Facility DBA Name (if applicable):		
Facility Physical Address, City, State & ZIP:		
Phone:	Fax:	County:
Facility Mailing Address (if different from above):		
Facility E-Mail:		
Name of Administrator & Phone:		
Administrator Email:		
Emergency Contact Person & Phone:		
Emergency Contact E-Mail:		

Days and Hours of Operation:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
First shift starts:							
Last shift ends:							
Current Number of Stations:	Current Number of Home Training Rooms:						

Temporary Expansion for COVID-19	
<input type="checkbox"/>	Station Increase:
Effective date of requested change:	

I declare, under penalties of perjury, that I have examined this application and that to the best of my knowledge and belief, this information is true, correct and complete. These changes are temporary, in order to respond to COVID-19. Services will be provided in a manner which ensures compliance with applicant Oregon Administrative Rules and Medicare Conditions of Participation that have not been waived. Temporary spaces are not subject to Facilities Planning & Safety review.

Administrator's Signature

Print Name

Print Title

Date (mm/dd/yyyy)

Questions? Contact us by email at: mailbox.hclc@state.or.us, or by phone at: (971) 673-0540

HCRQI Office Use Only	
Approved/Denied by:	Entered by:
<input type="checkbox"/> Change <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____	Initials: _____ Date: _____