



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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www.cfh.dhw.idaho.gov

## CERTIFIED FAMILY HOME MODIFICATION / ANNUAL RECERTIFICATION

[www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov)

MODIFICATION TO THE APPLICATION FOR CFH CERTIFICATION

or

REQUEST FOR ANNUAL RECERTIFICATION

Provider Name:	Telephone Number:
Address:	
<b>Please check mark ALL that apply to the type of change requested:</b>	
<input type="checkbox"/> Change in types of residents you wish to accept into your home.	<input type="checkbox"/> Change of Home Ownership:
<input type="checkbox"/> Change of Address:	<input type="checkbox"/> Change in Level of Care you wish to provide.
<input type="checkbox"/> Change in Provider Name:	<input type="checkbox"/> Other
<input type="checkbox"/> You no longer wish to be a Certified Family Home and your name will be removed from any lists of available homes requested from the Department.	

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Regional Staff \_\_\_\_\_ Date \_\_\_\_\_