



IDAHO DEPARTMENT OF HEALTH & WELFARE

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Addendum to Application for Developmental Disabilities Agency Certification

The following agency requests the following changes to its certification:

Agency Name:

Street Address:

City:

Zip:

Phone:

Email:

Date Submitted:

Desired Effective Date:

	Reason	Details
	Change in Ownership	
	Change in Administrator	
	Change in Office Address	
	Change in Center Location	
	Additional Center Location	
	Closure of Center Location	
	Change in Agency Contact Information	
	Other	

Submitted by:

Title:

Save this form to your computer and attach it to an e-mail addressed to: DDARH@dhw.idaho.gov with the subject line "DDA Addendum"

For Department Use Only:

Date Received:

Date Approved:

Effective Date:

Approved By: