

Forms:

Please use the following forms as listed below:

Adding an Extension Site:

- Request for Certification in the Medicare and/or Medicaid form [\(CMS-1856\)](#)
- Declaration of Extension Sites form [\(CMS-381\)](#)
- Extension Site Questionnaire Form [55642](#)

Change of address for an Extension Site:

- Request for Certification in the Medicare and/or Medicaid form [\(CMS-1856\)](#)
- Declaration of Extension Sites form [\(CMS-381\)](#)
- Extension Site Questionnaire Form [55642](#)

Changing Address for Main Site

- Request for Certification in the Medicare and/or Medicaid form [\(CMS-1856\)](#)
- Declaration of Extension Sites form [\(CMS-381\)](#)
- Extension Site Questionnaire Form [55642](#)

Change of administrator:

- Extension Site Questionnaire Form [55642](#)

Initial Certification

- Request for Certification in the Medicare and/or Medicaid form [\(CMS-1856\)](#)
- Health Insurance Benefits Agreement Form [\(CMS 1561\)](#)
 - Please submit three originals.
- Declaration of Extension Sites form [\(CMS-381\)](#)
- Evidence of successful electronic submission of the [Form HHS 690](#) civil rights attestation and check list. Please complete all required Office of Civil Rights procedures for providers as listed on their website: <http://www.hhs.gov/civil-rights/providers/clearance-medicare-providers/index.html>