



To request an extension of a current Resource Center admission, please complete the fields below and submit this form, along with any supporting documentation, to your OPWDD Regional Office Liaison.

Individual's Name:	
TABS ID:	
Medicaid CIN:	
Date Extension Submitted:	

LENGTH OF ENROLLMENT

Resource Center Admission Date:	
Resource Center Planned Discharge Date:	
Resource Center Extended Discharge Date:	

Clinical Justification

An extension of a Resource Center admission past 10 days must be clinically necessary.

Reason the discharge did not occur on the planned discharge date:

Please explain anticipated goals/accomplishments that are expected to be reached during the requested extension period.

Provider Agency:	
Contact Name:	
Contact Phone Number:	

Regional Office Resource Center Extension Request Determination

- Request for Extension is Approved; Discharge Date: _____
- Request for Extension is Denied; Explain: _____

Date of Determination:	
Name of Regional Office Approver:	