

REQUEST FOR APPROVAL OF SEP GROUP CHANGES

DS 1963 (Revised 1/2005) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

PROVIDER INFORMATION

PROVIDER NAME	GROUP NAME	VENDORING REGIONAL CENTER
PROVIDER NUMBER	GROUP IDENTIFICATION #	Vendoring REGIONAL CENTER ID #

TYPE OF CHANGE REQUESTED

CURRENT GROUP NAME	NEW GROUP NAME	EFFECTIVE DATE
CURRENT GROUP SIZE	NEW GROUP SIZE	EFFECTIVE DATE

	CURRENT WEEKLY WORK SCHEDULE					NEW WEEKLY WORK SCHEDULE				Effective Date
	Work Hours		Meal Break Time		Duration	Work Hours		Meal Break Time		Duration
	Start Time	End Time	Start Time	End Time		Start Time	End Time	Start Time	End Time	
Monday					0.00					0.00
Tuesday					0.00					0.00
Wednesday					0.00					0.00
Thursday					0.00					0.00
Friday					0.00					0.00
Saturday					0.00					0.00
Sunday					0.00					0.00
TOTAL WEEKLY HOURS					0.00	TOTAL WEEKLY HOURS				0.00

GROUP TRANSFERRED TO	EFFECTIVE DATE OF TRANSFER

REASON FOR TERMINATION	TERMINATION DATE

DDS Use Only APPROVED DENIED

DDS Approval/Denial by	Date

Reason for Denial	

Regional Center Contact Notification	Date RC Notified