

REQUEST FOR RATE ADJUSTMENT -- OCCUPANCY CHANGE

Form DS 1966 (Rev 3/05)

Facility:	Vendor #:	Date:
Contact:	Title:	Phone:
Reason for Request:		Effective date of the change:

<u>CURRENT LOCATION:</u>	<u>PROPOSED NEW, ADDITIONAL, OR EXPANDED LOCATION:</u>
Address: _____	Address: _____
_____	_____

Information must agree with the most recent cost statement.

Provide documentation of costs (lease, mortgage, etc.)

Owned Property:

Annual Depreciation	_____	_____
Annual Mortgage Interest	_____	_____

Leased Property:

Annual Rent	_____	_____
Annual Leasehold Amortization, if any	_____	_____

(Must be required leasehold improvements*)

Total Annual Cost	_____	_____
Less Recoveries & Sub-leases	_____	_____
NET ANNUAL COST	_____	_____

NET ADDITIONAL ANNUAL COST: _____

* Leaseholds required to meet legal health and safety standards

NOTE: Attach Form B showing proposed utilization of new or additional space, and if the utilization of existing space will change attach a separate Form B showing new utilization.

(Do not write in this space. For Habilitation computations.)