

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](#).