

**HOME HEALTH AGENCIES
HOSPICE AGENCIES
GEOGRAPHIC AREA SERVED**

Facility Name		Date Completed
Address	City	Zip Code
County	Provider Number	Facility Number

TYPE OF AGENCY

Home Health Agency Hospice Agency

PLEASE CHECK4 THE COUNTIES SERVED BY YOUR AGENCY

Adams <input type="checkbox"/>	Franklin <input type="checkbox"/>	Lawrence <input type="checkbox"/>	Rush <input type="checkbox"/>
Allen <input type="checkbox"/>	Fulton <input type="checkbox"/>	Madison <input type="checkbox"/>	St. Joseph <input type="checkbox"/>
Bartholomew <input type="checkbox"/>	Gibson <input type="checkbox"/>	Marion <input type="checkbox"/>	Scott <input type="checkbox"/>
Benton <input type="checkbox"/>	Grant <input type="checkbox"/>	Marshall <input type="checkbox"/>	Shelby <input type="checkbox"/>
Blackford <input type="checkbox"/>	Greene <input type="checkbox"/>	Martin <input type="checkbox"/>	Spencer <input type="checkbox"/>
Boone <input type="checkbox"/>	Hamilton <input type="checkbox"/>	Miami <input type="checkbox"/>	Starke <input type="checkbox"/>
Brown <input type="checkbox"/>	Hancock <input type="checkbox"/>	Monroe <input type="checkbox"/>	Steuben <input type="checkbox"/>
Carroll <input type="checkbox"/>	Harrison <input type="checkbox"/>	Montgomery <input type="checkbox"/>	Sullivan <input type="checkbox"/>
Cass <input type="checkbox"/>	Hendricks <input type="checkbox"/>	Morgan <input type="checkbox"/>	Switzerland <input type="checkbox"/>
Clark <input type="checkbox"/>	Henry <input type="checkbox"/>	Newton <input type="checkbox"/>	Tippecanoe <input type="checkbox"/>
Clay <input type="checkbox"/>	Howard <input type="checkbox"/>	Noble <input type="checkbox"/>	Tipton <input type="checkbox"/>
Clinton <input type="checkbox"/>	Huntington <input type="checkbox"/>	Ohio <input type="checkbox"/>	Union <input type="checkbox"/>
Crawford <input type="checkbox"/>	Jackson <input type="checkbox"/>	Orange <input type="checkbox"/>	Vanderburgh <input type="checkbox"/>
Daviess <input type="checkbox"/>	Jasper <input type="checkbox"/>	Owen <input type="checkbox"/>	Vermillion <input type="checkbox"/>
Dearborn <input type="checkbox"/>	Jay <input type="checkbox"/>	Parke <input type="checkbox"/>	Vigo <input type="checkbox"/>
Decatur <input type="checkbox"/>	Jefferson <input type="checkbox"/>	Perry <input type="checkbox"/>	Wabash <input type="checkbox"/>
DeKalb <input type="checkbox"/>	Jennings <input type="checkbox"/>	Pike <input type="checkbox"/>	Warren <input type="checkbox"/>
Delaware <input type="checkbox"/>	Johnson <input type="checkbox"/>	Porter <input type="checkbox"/>	Warrick <input type="checkbox"/>
Dubois <input type="checkbox"/>	Knox <input type="checkbox"/>	Posey <input type="checkbox"/>	Washington <input type="checkbox"/>
Elkhart <input type="checkbox"/>	Kosciusko <input type="checkbox"/>	Pulaski <input type="checkbox"/>	Wayne <input type="checkbox"/>
Fayette <input type="checkbox"/>	LaGrange <input type="checkbox"/>	Putnam <input type="checkbox"/>	Wells <input type="checkbox"/>
Floyd <input type="checkbox"/>	Lake <input type="checkbox"/>	Randolph <input type="checkbox"/>	White <input type="checkbox"/>
Fountain <input type="checkbox"/>	LaPorte <input type="checkbox"/>	Ripley <input type="checkbox"/>	Whitley <input type="checkbox"/>

Notify the Indiana State Department of Health in writing of changes in counties served by your agency. Include in the correspondence the current counties served and the counties you are requesting to add and/or delete, name of agency, complete address, and provider number if applicable and facility number.

MAP

Highlight counties that you are serving for CHOWs and New Facilities
Identify parent/branch for CHOW not applicable for new facilities

