IOWA | Health and Human Services

Community Mental Health Center Designation Form

Organization Name: Click here to enter text.	Date of Submission: Click here to enter text.
Contact Person: Click here to enter text.	
Telephone Number: Click here to enter text.	Email Address: Click here to enter text.

Organization Type: ☐ Non-Profit ☐ Waivered Provider as described in IC 230A. 107(2)

Request for:

☐ Initial Designation

☐ Change in Catchment Area

☐Withdrawal of CMHC Designation

Iowa Administrative Code Chapter 24, Division III "Community Mental Health Centers" should be reviewed by all applicants prior to submitting their application. Applicants must submit application materials in accordance with 441-24.51 and meet the standards in 441-24.52-24.55.

Initial Designation

This section is to be completed by agencies requesting initial designation as a CMHC.

Current Counties Served	Requested CMHC Catchment Area	Part of Another CMHC Catchment Area (Y/N)
Click here to enter text.	Click here to enter text.	☐ Y ☐ N

Change in Catchment Area

This section is to be completed by designated CMHCs requesting a change in catchment area.

Current Catchment Area	Requested Change	Change involves Counties that are part of another CMHCs Catchment Area? (Y/N)
Click here to enter text.	Click here to enter text.	☐ Y ☐ N

Withdrawal of CMHC Designation

This section is to be completed by a designated CMHC notifying the Department of their intent to withdraw their designation as a CMHC.

Current Counties Served	Effective Date:
Click here to enter text.	Click here to enter text.

Reason for Withdrawal:

Transition Plan	Communication Process/Plan	Date
Notification to individuals served	Click here to enter text.	Click here to enter text.
Notification to general public	Click here to enter text.	Click here to enter text.
Plan for continuity of care for individuals served	Click here to enter text.	Click here to enter text.
Communication and coordination with neighboring CMHCs	Click here to enter text.	Click here to enter text.
Communication and coordination with mental health service providers in catchment area.	Click here to enter text.	Click here to enter text.

Chief Executive Officer Signature:	Date: Click here to enter text.
Chairperson of Governing Body Signature:	Date: Click here to enter text.