



Iowa Department of Human Services
Community Mental Health Center Designation Form

Provider Agency Name		Date of Submission
Contact Person	Telephone Number	Email Address
Organization Type: <input type="checkbox"/> Non-profit <input type="checkbox"/> Waivered Provider as described in IC 230A.107(2)		
Request for <input type="checkbox"/> Initial Designation <input type="checkbox"/> Change in Catchment Area <input type="checkbox"/> 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)

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 CMHC’s Catchment Area?

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

Reason for Withdrawal:

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

Chief Executive Officer Signature	Date
Chairperson of Governing Body Signature	Date