

SCHEDULE 5

All Applicants

**PROJECTED UTILIZATION
AFTER PROJECT COMPLETION**

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	DATES	LICENSED BEDS		PATIENT DAYS (1)		PERCENT UTILIZATION	
		NURSING HOME	OTHER	NURSING HOME	OTHER (1)	NURSING HOME	OTHER
FIRST YEAR OF OPERATION							
	1st Quarter	_____	_____	_____	_____	_____	_____
	2nd Quarter	_____	_____	_____	_____	_____	_____
	3rd Quarter	_____	_____	_____	_____	_____	_____
	4th Quarter	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____
SECOND YEAR OF OPERATION							
	1st Quarter	_____	_____	_____	_____	_____	_____
	2nd Quarter	_____	_____	_____	_____	_____	_____
	3rd Quarter	_____	_____	_____	_____	_____	_____
	4th Quarter	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____	_____

(1) PROJECTS MEASURING UTILIZATION BY COUNTING ADMISSIONS (rather than patient days): Use only this column, and indicate the measurement used.

Attach an explanation of assumptions and the specific methodology used to project utilization.

FOR PROJECTS THAT MODIFY THE NUMBER OR TYPE OF LICENSED BEDS:

Indicate the type of licensed beds shown in the "Other" category above: _____

PLEASE SHOW PROJECTED UTILIZATION FOR THE **TOTAL** OF LICENSED BEDS AT YOUR FACILITY

And

IF THE PROJECT WILL INCREASE A BED TYPE THAT ALREADY EXISTS AT YOUR FACILITY (for example, an increase in the number of nursing home beds), INCLUDE A DUPLICATE OF THIS FORM THAT SHOWS PROJECTED UTILIZATION **ONLY FOR THE BEDS THAT WILL BE EXPANDED OR INITIATED**