

OASIS Assessment Move Request

Please Type or Print Legibly

Select only **ONE** of the three move options noted below.

For **options 2 and 3** complete the information directly under the selected option.

For **options 2 and 3** only those assessments within and inclusive of the **dates** noted will be moved.

Moves can **only** be processed for assessments with an **Effective Date** on or after **01/01/2012**.

1. Move **All** assessments from incorrect agency to correct agency

All assessments will be moved

2. Move assessments by **Submission Date**:

Date from:

Date through:

3. Move assessments by **Effective Date**:

Date from:

Date through:

Agency Information

Incorrect/Sending Agency Name:

Incorrect/Sending HHA Agency ID:

State:

Date Agency Closed (if applicable):

Does the old agency have branches? Yes No

If Yes, the number of branches:

Correct/Receiving Agency Name:

Correct/Receiving HHA Agency ID:

State:

Does the new agency have branches? Yes No

If Yes, the number of branches:

Requestor (Administrator/Owner) Information

Name (full name):

Title:

Phone Number:

E-mail Address:

Assessment Information

Reason for Assessment Move:

Approx. Number of Assessments to Move to Correct/New Agency:

Submit **completed** and **signed** form to your **State Agency**.
The State Agency will approve and **fax** to the QTSO Help Desk.

Signature - Administrator or Owner (Please circle one)

Date

State Agency: **Fax** the request to the QTSO Help Desk at
888-477-7871

Signature - State Agency Authorizer

Date

Phone Number:

E-mail Address:

All requests require State Agency authorization.
Forms forwarded to the QTSO Help Desk without a State Agency signature will be rejected.