

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DCH	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF REGULATORY SERVICES CASES

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check Here an if Application Was Denied:

Check Only One in This Box:

<input type="checkbox"/> ASTC (Ambulatory Surgical Treatment Centers) <input type="checkbox"/> BC (Birthing Center) <input type="checkbox"/> CLA (Community Living Arrangements) <input type="checkbox"/> CLAB (Clinical Lab) <input type="checkbox"/> DATP (Drug Abuse Treatment Program) <input type="checkbox"/> EB (Eye Bank) <input type="checkbox"/> EPAMR (Emergency Prohibition of Admission to an Institution or Placement or Relocation of a Monitor)	<input type="checkbox"/> ESRD (End Stage Renal Disease) <input type="checkbox"/> FDCH (Family Day Care Home) <input type="checkbox"/> HF (Hospice Facility) <input type="checkbox"/> HHA (Home Health Agency) <input type="checkbox"/> HOSP (Hospitals) <input type="checkbox"/> ICH (Intermediate Care (Nursing Homes)) <input type="checkbox"/> INF (Infirmary) <input type="checkbox"/> IRTF (Intensive Residential Treatment Facility)	<input type="checkbox"/> LTCBOR (Long Term Care Bill of Rights) <input type="checkbox"/> LTCPCH (Long Term Care Personal Care Homes) <input type="checkbox"/> NAR (Nurse's Aid Registry) <input type="checkbox"/> NH (Nursing Home) <input type="checkbox"/> Other <input type="checkbox"/> PCH (Personal Care Homes) <input type="checkbox"/> PHCP (Private Home Care Provider) <input type="checkbox"/> SNH (Skilled Nursing Home) <input type="checkbox"/> TBIC (Traumatic Brain Injury Center) <input type="checkbox"/> XRAY (XRAY Radiological Facility)
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CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO