



**General Information:**

Day Service Contracted Provider Name:	<b>Request Type:</b> <input type="checkbox"/> Expansion <input type="checkbox"/> Relocation <input type="checkbox"/> New Site (Only for a New Provider)  <b>County:</b> <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex
Contact Name(s):	
Contact Email(s):	
Date of the Request:	
Proposed Open Date:	

**New Site information:**

Property Address:	<b>Site Type:</b> <i>Check the type of surrounding area of the building.</i>  <input type="checkbox"/> Standalone building <input type="checkbox"/> Shopping center <input type="checkbox"/> Business complex <input type="checkbox"/> Hub site <input type="checkbox"/> Industrial park
City: _____ Zip: _____	
Total Number of Rooms:	
Maximum Capacity of the Building:	
Total Square Footage of the Building:	
Can outdoor space be utilized around the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the site offer transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?	
<input type="checkbox"/> Community based programming <input type="checkbox"/> Facility based programming	

Community Inclusion Plan:	
Are all areas of this site accessible to all proposed service recipients? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what sections of the building will not be accessible by wheelchair:	
<b>Previous Site</b> <b>Complete if Relocation is checked</b>	
Will the previous site be closing after the relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address:	
City:	Zip:
<b>Complete and save this form as a PDF. Send to the following resource mailbox:</b> <a href="mailto:DHSS_DDDS_NewSite@delaware.gov">DHSS_DDDS_NewSite@delaware.gov</a> (click for a direct link) <a href="mailto:DHSS_DDDS_NewSite@delaware.gov">DHSS_DDDS_NewSite@delaware.gov</a>	
<b>The subject line must read:</b> <b><i>Provider Name_New Day Site_Name of the region being requested</i></b> Example: ABC Provider_New Day Site_Kent County	
Signature:	Date:
<b>Completed by DDDS Day Services Only</b>	
Regional Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Expedited Site: <input type="checkbox"/> Yes <input type="checkbox"/> No
If not approved for opening, why not:	
Day Services Representative Signature: _____ Date: _____	
<b>Day Services Provider: Complete this section if you would like to appeal the decision</b>	
Reason for the appeal (please attach any additional information):	
Signature: _____ Date: _____	