APPLICATION COVER SHEET
State Form 56583 (R3 / 10-21)

**FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION (DMHA)
YOUTH HOME AND COMMUNITY-BASED WRAPAROUND
SERVICES (HCBS)**
402 W. Washington Street, Room W353
Indianapolis, In 46204-2739
Telephone: (317) 232-7800

Contact Information for person completing the application		
Name of Individual Provider or Agency	Contact Telephone Number	Application Date *(month, day, year)*
Name of Person Completing the Application	Contact E-mail Address	

Section A. Application Type *(Check all that apply.)*

☐ Initial authorization *(For respite facility, include respite facility application.)*

☐ Reauthorization

Section B. For Existing Providers *(Check all that apply.)*

☐ Conversion of Agency Type (e.g., individual provider to non-accredited agency)

☐ Add new staff
List names here:

☐ Add new service
List services here:

☐ Update Demographic Information *(For update of address, name changes, or requesting county update. Include name of staff that will provide services in this county. If you need additional space, a provider summary (**https://dmhareport.fssa.in.gov/**) may be attached.)*

☐ Add Respite Facility *(Include respite facility application.)*

☐ Update Individual or Agency Primary Contact Information *(Check information being updated below and fill out State Form 55353, Provider Demographics.)*
    ☐ Update Primary Contact: *See Section C*
    ☐ Update Billing Contact: *See Section C*
    ☐ Update Notice of Action (NOA) Contact*: See Section D*

☐ Add / Edit Specialty Comment *(See Section F of State Form 55353, Provider Demographics.)*

Section C. The following is ONLY for ACCESS SITE use and updates (*not for rendering provider information*).

☐ Add / Edit Access Site Main Contact
Providing access site services for the following County(s):
Provide this cover sheet and include a copy of Driver's License, User Agreement, and full contact information here for access site person:

Contact Name	Contact E-mail Address
Contact Site Telephone Number	Site Address

Additional Provider information:
- DMHA Youth Provider Information: http://www.in.gov/fssa/dmha/2764.htm
- DMHA Youth HCBS Provider Module service program on Indiana Medicaid website:
  http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx