

Self-Imposed Moratorium Form

Provider Agency Name: _____ Contact Name: _____

Provider #: _____ Email: _____

Phone #: _____ Fax #: _____

Add to SFOC	Remove from SFOC	DD	MF	SW	Service(s)	County(ies)

Circumstances substantiating the need for a self-imposed moratorium:

- Agency has lost key staff.
- Temporary economic issues that impact the agency's ability to accept new waiver individuals.
- Staff illness or physical disability affecting the ability of the agency staff to travel long distances.
- Agency has accepted a large number of individuals into service within a short period of time.
- Other (please describe):

FOR DDS USE ONLY:

This Request is:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Approved with conditions*	
Effective Date:	
End Date (if applicable):	
Approved or Denied by:	

*Approved with the following conditions:

Region	Date Out	Date Returned	Approved	Denied	No Response	COMMENTS
METRO	_____	_____	_____	_____	_____	_____
NERO	_____	_____	_____	_____	_____	_____
NWRO	_____	_____	_____	_____	_____	_____
SERO	_____	_____	_____	_____	_____	_____
SWRO	_____	_____	_____	_____	_____	_____
BT	_____	_____	_____	_____	_____	_____
CM	_____	_____	_____	_____	_____	_____
CSB	_____	_____	_____	_____	_____	_____

Please email your request to Tammy.Barth@doh.nm.gov or fax to (505) 476-8894.