**FQHC/RHC Change in Scope Request**

**For a change in scope request due to a change in type:**

1. **Service being added:**
2. **Location(s):**
3. **Date health center began providing the service or will begin providing the service:**
4. **Attach a brief description of how new service will benefit patient population.**

**For a change in scope request due to a change in intensity, duration, or amount:**

1. **Service change:**
2. **Location(s):**
3. **Attach a brief description of how the average visit has changed from the time the FQHC/RHC’s current rate was implemented. Include any relevant documentation.**
4. **Attach a brief description of how the change has benefited the patient population.**

***NOTE: See attached sample application.***