

APPLICATION FOR HOPE BETA TESTING



Due by June 14, 2021 and sent to: HospiceAssessment@CMS.hhs.gov

Instructions: Please complete this application by providing the information requested in each row. This information helps us to select a diverse mix of hospice providers to participate, based on geographic location, hospice size, ownership, and rurality. Submit the completed application no later than June 14, 2021 to HospiceAssessment@CMS.hhs.gov.

Hospice Name:

Hospice Main Address:

Hospice Address at the location proposed for the Beta Test:

Hospice Phone Number:

CCN at the location proposed for the Beta Test:

Contact Name:

Contact's Title:

Contact's Direct Email Address:

Contact's Direct Phone Number:

Average Daily Census at the location proposed for the Beta Test:

Ownership (Profit, Not for profit, Public):

Area(s) Served (Rural, Urban or Both) from the location proposed for the Beta Test: