



Public Health Management Corporation
Slot Change/Distribution and Relocation Request Form

Agency Name:

Site Name:

Current Site Address: (Building or School Name) (Street, City, State, Zip)

Category of Request (Indicate below which action you are requesting):

Slot Increase Slot Decrease Relocation
From: Current Level To: Requested Level
Requested Effective Date of Slot Change (Increase, Decrease, or Relocation):

If Requesting Change in Slot Number/Distribution:

Explain in detail how the change in slots/slot distribution would benefit your program and its youth.

If Requesting Slot Relocation:

Proposed New Site Name:
Proposed New Site Address: (street, city, state, zip)

How far is this site from the current site?
What are your plans for serving the youth at the site you want to leave?

Is your current site DPW licensed?
Do you have a Certificate of Occupancy from Philadelphia's Dept. of L&I for the proposed new site?
Is the proposed new site DPW licensed?

Explain in detail how this proposed site relocation would benefit your program and its youth.

Signature (Agency Executive Director) Print Name Date

FOR PHMC USE ONLY:

PHMC Approved: Program Specialist Signature, Print Name, Date
Operations Manager Signature, Print Name, Date

Approved Effective Date of Slot Change: