

REQUEST TO FLEX BEDS

Facility Name: _____ Facility Number: _____

Facility Address: _____

Provide information regarding the two activities in which the flex beds will occur:

Activity #1: _____

Approved Capacity: _____ Current Census: _____

Activity #2: _____

Approved Capacity: _____ Current Census: _____

Requested # of beds to be flexed: _____

Time frame for flexing beds: _____ TO _____

Justification for flexing beds:

Measures to be used to accommodate flex beds:

Signature of Facility or Project Director

Date

Print Name of Facility or Project Director