

OASIS Assessment Move Request

Please Type or Print Legibly

Select only **ONE** of the four move options noted below.

For **options 2, 3, or 4** complete the information directly under the selected option.

For **options 2 and 3** only those assessments within and inclusive of the **dates** noted will be moved.

For **option 4** all assessments in the **batch(es)** noted will be moved.

<input type="checkbox"/> 1. Move All assessments from incorrect agency to correct agency All assessments will be moved	<input type="checkbox"/> 2. Move assessments by Submission Date: Date from: <input type="text"/> Date through: <input type="text"/>	<input type="checkbox"/> 3. Move assessments by Effective Date: Date from: <input type="text"/> Date through: <input type="text"/>	<input type="checkbox"/> 4. Move all assessments in the following batches: Batch Number(s): <input type="text"/>
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Agency Information

Incorrect/Sending Agency Name:	<input type="text"/>		
Incorrect/Sending Agency ID:	<input type="text"/>	State:	<input type="text"/>
Date Agency Closed (if applicable):	<input type="text"/>		
Does the old agency have branches? Yes <input type="radio"/> No <input type="radio"/>	If Yes, the number of branches:		<input type="text"/>
Was the ASPEN password reset to prevent future submissions? Yes <input type="radio"/> No <input type="radio"/>	If Yes, the date the password was reset:		<input type="text"/>
Correct/Receiving Agency Name:	<input type="text"/>		
Correct/Receiving Agency ID:	<input type="text"/>	State:	<input type="text"/>
Does the new agency have branches? Yes <input type="radio"/> No <input type="radio"/>	If Yes, the number of branches:		<input type="text"/>

Requestor (Administrator/Owner) Information

Name (full name):	<input type="text"/>		
Title:	<input type="text"/>	Phone Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

Assessment Information

Reason for Assessment Move:	<input type="text"/>
Approx. Number of Assessments to Move to Correct/New Agency:	<input type="text"/>

Signature - Administrator or Owner (Please circle one) _____		Date _____
Signature - State Agency Authorizer _____		Date _____
Phone Number: <input type="text"/>	E-mail Address: <input type="text"/>	

**Florida Facility submits completed and signed form to State Agency: AHCA: Florida QIES Help Desk, MS9A
2727 Mahan Drive
Tallahassee, FL 32308**

**All requests require State Agency authorization.
Forms forwarded to the QIES Help Desk without a State Agency signature will be rejected.**