



Advanced Behavioral Health, Inc.

BHRP-Basic Needs Supported Recovery Housing Services Change of Approved Site Location Form

This form is to be completed by the contracted SRHS vendor when a client authorized by ABH® has moved to another location during the authorized time period. **This form must be faxed to BHRP-Basic Needs at 1-866-249-8766.**

Early departures and no shows are to be reported through discharges in the BHRP online system.

Change of Approved Site Location

Name of Client: _____

Name of Provider: _____

Old Site Address: _____

New Site Address _____

Date of location change: _____

Completed by: _____