



**PROVIDER SERVICES NETWORK (PSN)  
APPLICATION TO ADD/CHANGE/DELETE SERVICE(S)**  
*Used by approved agencies only to add, change or delete from  
their existing service menu during a PSN MOU year.*



COMMISSIONERS  
Jimmy Dimora  
Timothy F. Hagan  
Peter Lawson Jones

Agency/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

ADD the following service(s) from the Service Description List

SERVICE CODE	PROPOSED UNIT RATE <i>(Unit: hourly, daily, sessions etc.)</i>	LOCATION OF SERVICE <i>(Please indicate the location of where the service will take place, (i.e., home of client, library, recreational center, business location, etc.)</i>	CTSOC Use only
	Rate: \$ Unit:		
	Rate: \$ Unit:		
	Rate: \$ Unit:		

ADD the following **NEW Proposed Service(s)** not previously offered in the existing Service Description List

NAME OF SERVICE	BRIEF DESCRIPTION OF SERVICE <i>(If more space is needed, please feel free to attach additional documentation)</i>	PROPOSED UNIT RATE <i>(Unit: hourly, daily, sessions etc.)</i>	LOCATION OF SERVICE <i>(Please indicate the location of where the service will take place, (i.e., home of client, library, recreational center, business location, etc.)</i>	CTSOC Use Only
		Rate: \$ Unit:		
		Rate: \$ Unit:		
		Rate: \$ Unit:		
		Rate: \$ Unit:		

**\*\*CHANGE** the following Existing Service(s) **\*\*Please attach a brief explanation for change.**

CURRENT SERVICE CODE	CURRENT RATE	CURRENT UNIT <i>(hourly/daily, session)</i>	PROPOSED RATE	PROPOSED UNIT <i>(hourly/daily, session)</i>	CTSOC Use Only

DELETE the following service(s)

SERVICE CODE	SERVICE NAME	CTSOC Use Only

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note changes to your existing MOU are contingent upon CTOSC approval. Basic instructions, current guidelines and forms for PSN membership can be accessed at [www.cuyahogatapestry.org](http://www.cuyahogatapestry.org)

**PLEASE MAIL A SIGNED HARD COPY of the completed application to Provider Services Network  
Cuyahoga Tapestry System of Care Office, 1400 W. 25<sup>th</sup> Street, 4<sup>th</sup> Floor, Cleveland, Ohio 44113.**