San Bernardino County
Department of Behavioral Health
Change Order Request Routing Slip

For Office Use Only
Log#____________

Assigned Program Manager Requesting Approval, Complete This Section:

Program: ____ Reporting Unit: ____________________

Cost Center: ____

Title of Request: ____

Please route in the following order as indicated below:

REQUIRED APPROVALS

	Initial	Dated
1. **Assigned Program Manager**	________	________
2. **Assigned Deputy Director**	________	________
3. **Quality Management**	________	________
4. **Compliance**	________	________
5. **Fiscal**	________	________
6. **Information Technology**	________	________

***If any authorizing unit has an issue with the request, please contact QM at (909) 386-8227 or email dbh-changeorders@dbh.sbcounty.gov**

FOR INFORMATIONAL TECHNOLOGY OFFICE USE ONLY

CHANGE ORDER REQUEST STATUS

Initial	Date		
________	________	**Completed Copy Sent to Authorizing Deputy Director**	
________	________	**Approved**	
________	________	**Not Approved**	**Reason:** ____________________
________	________	**Hold**	**Reason:** ____________________

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Submitted By: ______________________________ **Date:** ______________________________

Authorizing PM: ______________________________

Program Name: ______________________________ **Phone:** ______________________________

Contact Name: ______________________________ **Contact Email Address:** ______________________________

Scope of Change: ______________________________

Subject Matter Expert(s) (SME): ______________________________ **Target Date:** ____________

Date Approved to Start Providing Services: ______________________________

274/PROVIDER DIRECTORY

Program Contact Name: ______________________________

Contact Email Address: ______________________________ **Contact Phone:** ____________

OBJECTIVE ARTS (OA)

Required to utilize OA? ☐ **Yes** ■ **No**

Program Contact Name: ______________________________

Contact Email Address: ______________________________ **Contact Phone:** ____________

PROGRAM AFFECTED			
☐ Adults	☐ Clerical	☐ Business Operations	☐ Training
☐ Alcohol & Drug	☐ Clinical Practice	☐ Human Resources	☐ Research & Evaluation
☐ Children's	☐ Compliance	☐ IT	☐ All
☐ Older Adult	☐ Cultural Competency	☐ Quality Management	☐ Other
☐ Transitional Age Youth	☐ Medical Services	☐ Safety	

TYPE OF REQUEST		
☐ Policy Change	☐ Procedure Change	☐ Business Process Change
☐ Other *(Please specify)* _		☐ System Update

****Send all documentation/information necessary to complete the request.**

San Bernardino County
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SPECIAL REQUIREMENTS
Reason for Request:

FOR QUALITY MANAGEMENT DIVISION USE ONLY			
Authorizing PMII Signature:	______________________	**Approval Date:**	______________
Project Assigned To:	______________________	**Due Date:**	______________
IT's Completion Date:	______________________		