



**MODIFICATION REQUEST FORM**

Used to modify the number of customers within the services. **Total value of the contract does not change on CSA.**  
If an INCREASE is needed to the pricing section, an Amendment MUST be requested instead PRIOR to April 1st.

Provider Legal Name: \_\_\_\_\_ Provider FEIN/EIN: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_

IDHS/DRS Advisor: \_\_\_\_\_ Current Contract Amount: \_\_\_\_\_

Accreditation End Date (If Applicable): \_\_\_\_\_

Current Pricing Section:

Revised Pricing Section:

\_\_\_\_\_  
Provider Signature Date

\_\_\_\_\_  
Transition & Community Rehabilitation Services Manager Signature Date