

## Facility Phase Notification

Facility Name	
Facility ID	
Facility Address	
Facility eMail	
Facility Phone	
Facility Contact	

Provide ***phase status*** for the facility:

Phase 1 – Date Entered:                      Date Exited:                      # of Days:

Phase 2 – Date Entered:                      Date Exited:                      # of Days:

Phase 3 – Date Entered:

Please submit to:

Long Term Care Services

[LTC@health.ok.gov](mailto:LTC@health.ok.gov)

or mail to:

Long Term Care Services

Oklahoma State Department of Health

1000 NE 10<sup>th</sup> Street

Oklahoma City, OK 73117

405.271.6868