**Request for Exemption:**

**FY2023 NURSING SERVICES COST REPORT (NSR) FOR**

**TEMPORARY NURSING SERVICES(TNS) AGENCIES**

To request an exemption from filing the FY2023 NSR, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

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| **1. Agency Name:** | Click here to enter text. | |
| **2. DPH ID:** | | Click here to enter text. *If provider is a TNS agency: four alphanumeric characters* |
| **3. Agency’s FY2023 Reporting Fiscal Year:** | 7/1/2022 – 6/30/2023  10/1/2022 – 9/30/2023  1/1/2023 – 12/31/2023  Other: | |
| **4. Reason for exemption request:**  The agency was in business for less than 6 months during FY2023.  **Please elaborate:** Click here to enter text.  The agency was owned by the current owner for less than 6 months during FY2023.  **Please elaborate:** Click here to enter text.  The agency only employed fixed-term employees during FY2023.  The agency did not have any TNS business in FY2023.  **Please elaborate:** Click here to enter text.  Other:  **Please elaborate:** Click here to enter text. | | |
| **5. Contact Person:** | Click here to enter text. | |
| **6. Contact Email:** | Click here to enter text. | |
| **7. Contact Phone Number:** | Click here to enter text. | |

For more information, please consult the NSR Cost Report Instructions, available at <http://www.chiamass.gov/nsr>

For any further questions, please email us at [data@chiamass.gov](mailto:data@chiamass.gov).