

# MOBILE UNIT

## CHDP PROVIDER APPLICATION CHECKLIST

Below is a checklist of items needed for your new application along with necessary forms. Please return completed checklist with forms and supporting documents. Feel free to call our office at 951.358.5481 if you have any questions.

Applicant: \_\_\_\_\_

Mobile Unit Name: \_\_\_\_\_

Parent Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Original, signed CHDP Health Assessment Provider Application (DHCS 4490), **signed in Blue Ink**
- Original, signed CHDP Health Assessment Provider Program Agreement (DHCS 4491), **signed in Blue Ink**
- Copy of Fictitious Business Name Statement/Permit – if applicable
- Verification from IRS – showing Tax ID number & Facility Name *or* Social Security Number
- Vaccines for Children ID #:
- Verification of Medi-Cal Provider Number – **showing Mobile Unit address NPI #:**
- Copy of CLIA Waiver or Certificate specified for the Mobile Unit
- Description of 24-hour coverage arrangements (#18 on DHS4490)
- Description of referral procedures for diagnosis and treatment, if applicable (#19 on DHS4490)
- Description below of how the Mobile Unit assures follow-up is provided to CHDP clients (*attach description*)
- Schedule of hours and locations for your Mobile Unit
- Does the Mobile Unit have a ramp that is ADA compliant?
- Does the Mobile Unit have a doorway(s) that will allow for clearance of a wheelchair?
- Description of how the Mobile Unit provides for use of restroom and handwashing (*attach description*)

Submit application checklist and required documents to the following email address

[CHDPRiverside@ruhealth.org](mailto:CHDPRiverside@ruhealth.org)

*Or you may mail to:*

County of Riverside Department of Public Health CHDP  
P.O. Box 7600  
Riverside, CA 92513-7600