**Request for Exemption:**

**FY2021 NURSING SERVICES COST REPORT (NSR) FOR**

**TEMPORARY NURSING SERVICES AGENCIES (TNS)**

To request an exemption from filing the FY2021 NSR, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

|  |  |  |
| --- | --- | --- |
| **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 FY2021**  **Reporting Fiscal Year:** | 7/1/2020 – 6/30/2021  10/1/2020 – 9/30/2021  1/1/2021 – 12/31/2021  Other: | |
| **4. Reason for exemption request:**  Your agency was in business for less than 6 months during FY2021.  **Please elaborate:** Click here to enter text.  You owned the agency for less than 6 months during FY2021.  **Please elaborate:** Click here to enter text.  Your agency only employed fixed-term employees during FY2021. | | |
| **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>

Still have questions? Feel free to email us at data@chiamass.gov.