**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.

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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 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.