

KATHY HOCHUL Governor

District.

BARBARA C. GUINN Acting Commissioner

## **Code Blue Request and Overview**

## Period October 1, 2023 through September 30, 2024 Attachment 2

Contact Name:

District.	Contact Name:		
Email:	Phone:		
Amount Requested:			
•	other defined known s	he allocations provided in 23-LCM-11 based on the use of a service change from prior years, the following pages must or funding.	
approval and available f that are not funded in ar 15, 2023. Plans received	unding. Only expend ny other way can be o d after the deadline n ion. During the plan p	s incurred related to the regulation are subject to OTDA ditures directly related to the provision of Code Blue services claimed. All plans must be received at OTDA by <u>September</u> may not be eligible for additional funding above the 2023-period, districts must track the actual number of clients e provided.	
		e are) authorized to submit the attached applications and tha alid through the Code Blue Period listed above.	
(Please	print or type)	(Title)	
(Electron	nic Signature)	(Date)	

## **Request for Code Blue Funding**

Provide an estimate below of the average number of clients expected to be served per night and the total number of nights expected to provide Code Blue services. Estimates should be based on prior year actual clients served and Code Blue nights.

1.	District expects to serve an average of clients per night that Code Blue services are required			
2.	District expects total nights where it will be necessary to provide Code Blue services during the Code Blue period.			
De	Description of Code Blue Services			