**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Stat. § Ch. 150

F-03405 (09/2025)

# Recommendation from Affected Party

# Redistribution of Closed Nursing Home Beds

Instructions: The applicant must provide at least two recommendations from affected parties concerning the quality of care provided in nursing homes owned or operated by the applicant. Wis. Stat. 150.39(10)(c).

“Affected party” means the applicant, local planning agencies, governmental agencies, other persons providing similar services in the applicant’s service area, the public to be served by the proposed project, 3rd-party payers and any other person who the department determines to be affected by an application for approval of a project. Wis. Stat. 150.01(2)

Affected parties must submit the recommendation to dhsdqabnhrclicensing@dhs.wisconsin.gov.

1. Affected party name:
2. Affected party affiliation:
3. Affected party email address:
4. Affected party email address:
5. Explain how you are an affected party. Include the name of the facility applying.

1. Indicate if you recommend the applicant be approved to be licensed for an increased number of nursing home beds. In your recommendation, include information concerning the quality of care provided in nursing homes owned or operated by the applicant.

1. **Signature** — Affected party:
2. Date signed: