

Arizona Taxonomy of Human Services Request for a New or Revised Program/Cluster/Service

Please complete all the information on this form and forward to the Arizona Taxonomy Committee Chairperson. Recommendations for new or revised services should be received prior to September of each calendar year in order to ensure inclusion in the document.

Name of Agency/Department/Administration requesting change:

Contact person: _____ Telephone: _____

Mailing address: _____

Name of individual Taxonomy Committee member submitting the request: _____

Name of ATC member submitting the request: _____

Program/Service Title (Proposed or existing): _____

Proposed Program/Service description:

Proposed Taxonomy Reporting Measure (TRM): _____

Service Code Number (If modifying an existing service): _____

Proposed Location in Taxonomy: _____ Cluster: _____

Program: _____

CRITERIA FOR A SERVICE:

The following criteria apply to all services to be added or modified in the *Arizona Taxonomy of Human Services*. A service and program description is general, mutually exclusive and states what is provided.

The Service/Program description is:

mutually exclusive or discrete	Yes	No
non-target group specific	Yes	No
non-setting specific	Yes	No
non-funder specific	Yes	No
activity-based (level of intensity may vary)	Yes	No
required by federal law*	Yes	No

Source: _____

Required by State Statute* Yes No

Source: _____

*Attach Documentation of federal/state requirement.

FOR NEW SERVICES/PROGRAMS

What other existing services were reviewed?

Why won't the proposed service fit into an existing service title(s)? What is unique about the activities of this service that makes it different from an existing service(s)?

FOR CHANGES TO EXISTING SERVICES/PROGRAMS (INCLUDING DELETIONS OF SERVICES):

What is the reason/justification for the change?

SUBCOMMITTEE RECOMMENDATION: N/A ACCEPT REJECT

Reasons for Recommendation (Acceptance or Rejection)

PRO:

ASSIGNED TO: Cluster: _____ Program: _____

CON:

(If Rejected, attach detailed justification)

Chair: _____ Date: _____

ARIZONA TAXONOMY COMMITTEE ACTION: ACCEPT REJECT

Reasons for Recommendation (Acceptance or Rejection)

PRO:

ASSIGNED TO: Cluster: _____ Program: _____

CON:

(If Rejected, attach detailed justification)

Chair: _____ Date: _____

APPEALS PROCESS: ACCEPT REJECT NOT REQUESTED

Reason for decision: _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact 602-542-3882; TTY/ TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.