

## Department of Health & Senior Services - Certificate of Need

### Missouri Population Data & Maps Order Form Certificate of Need (CON)

Please allow up to two weeks for the population data and maps to be prepared.

Should you have questions, please contact the CONP staff at [conp@health.mo.gov](mailto:conp@health.mo.gov) or 573-751-6403.

Please complete this form to request Missouri population data and maps for a Letter of Intent (LOI) or application. The fee is \$102.50 for each request with an additional fee if paid by credit card. You will be contacted for payment before preparation of the documents. This form should be emailed to [Andrew.Hunter@health.mo.gov](mailto:Andrew.Hunter@health.mo.gov), faxed to 573-526-4102, or mailed to:

**CON Request**  
**Bureau of Health Care Analysis and Data Dissemination, Missouri**  
**Department of Health and Senior Services 920 Wildwood Drive, PO Box 570,**  
**Jefferson City, MO 65109**  
**Phone: 573-751-6272**

Order Date: \_\_\_\_\_  
 (Today's Date)

REQUESTOR INFORMATION		
Last Name	First Name	Title
Organization's Name	Address 1	Address 2
City	State	Zip Code
Telephone Number	Fax Number	E-Mail Address <i>(Required-order will be emailed.)</i>
Requestor Type <i>(Please check.)</i>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Business/Industry
<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Long-Term Care Facility	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Other:		

**Project Site** *If exact address is known, please provide the United States Postal Service (USPS) address.*

Number & Street	City	Zip Code

- OR - if the exact address is unknown (do not provide both or your form will be rejected),

please provide: \_\_\_\_\_ / \_\_\_\_\_  
Latitude Longitude

POPULATION DATA & MAP REQUEST			
CON Project	Type of Population	Area	Selection
New LTC Beds	Projected <b>65+</b> population for year 2025	15-mile radius of project site	<input type="checkbox"/>
New LTCH Beds	Projected <b>total</b> population for year 2025	15-mile radius of project site	<input type="checkbox"/>
New/Replacement Hospital	Projected <b>total</b> population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input type="checkbox"/>
Major Medical Equipment	Projected <b>total</b> population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input type="checkbox"/>
Data in Addition to the Required Data Above <i>(Describe information needed):</i>			

\*For geographic service area population requests, please list the Missouri counties requested:

\_\_\_\_\_

\_\_\_\_\_

Indicate special instructions if any: