



AFCH Bi-ennial Renewal Data Sheet

Facility Information, Answer where applicable:

Name of Facility: _____ License # _____

DBA: if applicable: _____

Full Address: _____

EIN: _____ NPI: _____

Medicaid Number, if applicable: _____ / Medicaid waiver: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Capacity: _____ - (cannot exceed 5 residents)

Administrator: _____ Cell: _____

Administrator's social security number: _____ DOB: _____

Chief Financial Officer: _____ SS# _____

Full Address: _____

Email Address: _____

Who owns the property? _____ Business _____ You _____ Other, if Other please

provide: Name: _____ Phone _____

Address: _____

DESIGNATED RELIEF PERSON(s)

Name: _____ D.O.B. _____

Full Address: _____

Telephone: _____ Email: _____

Name: _____ D.O.B. _____

Full Address: _____

Telephone: _____ Email: _____

STAFF

Name: _____ D.O.B. _____

Full Address: _____

Telephone: _____ Email: _____

HOUSEHOLD MEMBER(s)

Name: _____ D.O.B. _____

Full Address: _____

Telephone: _____ Email: _____

Name: _____ D.O.B. _____

Full Address: _____

Telephone: _____ Email: _____