



AFCH CORE START-UP CONSULTING SERVICE

Completion of AHCA Application and Follow-up with Agency
On-going consultation throughout license process
Two Visits to the facility (additional cost may incur, depending on location)

Policy & Procedures
Resident Binders
Staff Binders
Medication Binder
Facility Binder
Emergency Plan
Fire Plan

AFCH In service training certificates

(no charge for Administrator with start-up consulting service, must attend trainings; additional cost for staff).

CPR & First Aid
HIV / AIDS (4 hrs. initial) One-time training
Water Safety (**if facility has a pool or lake**)
Bloodborne / Infection Control
Alzheimer's
Do Not Resuscitate
Assistance with Medication (6 hours of medication training effective July 1, 2015)- **NOT INCLUDED**
Resident's Rights - Abuse, Neglect & Exploitation
Emergency Procedures
Elopement Training

Present during AHCA Initial Inspection (additional cost, pending location)

Note: The applicant is responsible for consulting with zoning, fire, health department and all other local government agencies regarding the structural requirements for the location. These local government agencies can need the signature of the applicant to sign off on documents for this reason Arrendell's cannot obtain these documents. If this is a home business, it is recommended to consult with your local government to satisfy their requirements related to a home business).

Changes subject to change without notice



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: _____