



### ADCC Bi-ennial Renewal Data Sheet

Adult Day Care Center Information: Answer where applicable and write legibly.

County: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_ License # \_\_\_\_\_  
DBA: if applicable: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
EIN: \_\_\_\_\_ NPI: \_\_\_\_\_  
Medicaid Number, if applicable: \_\_\_\_\_ / Medicaid waiver: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Capacity: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Hrs of Oper.: \_\_\_\_\_ am to \_\_\_\_\_ pm Days of Week: \_\_\_\_\_ to \_\_\_\_\_

Management Company: \_\_\_\_\_ Yes \_\_\_\_\_ No?

Administrator: \_\_\_\_\_ Cell: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Administrator social security number: \_\_\_\_\_ DOB: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Social security number: \_\_\_\_\_ D.O.B \_\_\_\_\_

Who owns the property? \_\_\_\_\_ Business \_\_\_\_\_ You \_\_\_\_\_ Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Full Address: \_\_\_\_\_

#### OWNERSHP

Owner #1: Full Name: \_\_\_\_\_ %: \_\_\_\_\_  
Owner #2: Full Name: \_\_\_\_\_ %: \_\_\_\_\_  
Owner #3: Full Name: \_\_\_\_\_ %: \_\_\_\_\_  
Owner #4: Full Name: \_\_\_\_\_ %: \_\_\_\_\_

#### BOARD MEMBERS

BM #1: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
BM #2: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
BM #3: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
BM #4: Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_