



ADULT DAY CARE CENTER 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)

General Policy & Procedures
Staff Binders
Participant Binders
Administrator Binder
Facility Binder
Log Books
Medication Binder
Third party provider binders (2)
Fire Plan
Emergency Plan

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).

Content Subject to change without notice



___ Initial ___ Change of Ownership

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: _____