



ADULT DAY CARE CENTER APPLICATION ONLY

This data sheet to collect data only

_____ Initial _____ Change of Ownership _____ Stock Transfer

Instructions: If you have another business(es), please do not put the Medicaid, NPI or EIN for that business(es), only the business for this application. If it is a new application, you will not have a Medicaid or NPI number.

Social security numbers are required for both application and the background.

Answer where applicable and write legibly.

Adult Day Care Centers: provide therapeutic programs of social and health services as well as activities for adults in a non-institutional setting. Participants may utilize a variety of services offered during any part of a day, but less than a 24-hour period.

Additional cost may occur for consulting services which will be discussed with operator(s).

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



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: _____

Social security number: _____ DOB: _____

Chief Financial Officer: _____ Cell: _____

Full Address: _____

Email Address: _____

Social security number: _____ D.O.B _____

Safety Liaison: _____ Cell: _____

Full Address: _____

Email Address: _____

Social security number: _____ D.O.B _____

Who owns the property? _____ Business _____ You _____ Other: _____

Name: _____ Phone _____

Full Address: _____

OWNERSHIP

Owner #1: Full Name: _____ %: _____

Personal Address: _____

Telephone Number: _____ Email: _____

Social Security Number: _____ D.O.B.: _____



Owner #2: Full Name: _____ %: _____
Personal Address: _____
Telephone Number: _____ Email: _____
Social Security Number: _____ D.O.B.: _____

Owner #3: Full Name: _____ %: _____
Personal Address: _____
Telephone Number: _____ Email: _____
Social Security Number: _____ D.O.B.: _____

Owner #4: Full Name: _____ %: _____
Personal Address: _____
Telephone Number: _____ Email: _____
Social Security Number: _____ D.O.B.: _____

BOARD MEMBERS

BM #1: Full Name: _____ Telephone: _____
Personal Address: _____
Social Security Number: _____

BM #2: Full Name: _____ Telephone: _____
Personal Address: _____
Social Security Number: _____

BM #3: Full Name: _____ Telephone: _____
Personal Address: _____
Social Security Number: _____

BM #4: Full Name: _____ Telephone: _____
Personal Address: _____
Social Security Number: _____



| Documents to be Provided | Required For |
|---|---|
| Certificate of General Liability Insurance | Initial, Renewal, Change of Ownership and Capacity Increase application types |
| Fire Safety Inspection Report | Initial, Renewal, Change of Ownership and Capacity Increase application types |
| Department of Health Septic System or Water Supply Evaluation Report (if facility is on a septic system) | Initial and CHOW application types |
| Department of Health Food Permit | All application types |
| Proof of Financial Ability to Operate (AHCA Form 3100-0009) | Initials and Change of Ownership application types |
| Proof of Property Occupancy, Examples: Lease, Mortgage, or Transfer Agreement | Initial, Renewal, Change of Ownership, Request to Change Name application types |
| Documentation from the appropriate local government office showing that the applicant has met local zoning requirements | Initials, Change of Ownership and Capacity Increase application types |
| Health Care Licensing Application Addendum, AHCA Form 3110-1024 | All application types |
| Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable | All application types, <i>if documentation is required due to responses provided in application</i> |
| Approved repayment plans, if applicable | All application types |