HOMEMAKER & COMPANION

____Initial ____Renewal ____Change of Ownership

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.

Inclusions

***Note*: The applicant is responsible for contacting zoning, fire, health department and all other applicable local government agencies regarding the requirements for the business location. These local government agencies will require the signature of the applicant to sign off on documents, for this reason Arrendell's cannot obtain these documents.**

Content Subject to change without notice

COMPLETE ALL AREAS APPLICABLE

FACILITY INFORMATION

County: ______________________________
Name of Registry: ____ License #________
DBA: if applicable: ____
Full Physical Address: ____
Full Mailing Address: ____
Telephone: ___________________________________Fax: _______________________________
Email: __________________________________ Website: _________________________________
EIN: _____________________________________ NPI: ________________________________
Medicaid Number, if applicable: ______________________ / Medicaid waiver: ________________
Days and Hours of operation: Days _________ to __________ Hours _________ to __________

Management Company: _____ Yes _____ No

ADMINISTRATIVE INFORMATION

Administrator: ____ Cell: ____________________
Personal Full Address: ____
Email Address: ______________________________________ Telephone__________________
Administrator social security number: ____________________________ DOB: ____________

FINANCIAL OFFICER

Financial Officer: ____ Cell: ____________________
Personal Full Address: ____
Email Address: ______________________________________ Telephone__________________
Financial Officer social security number: ____________________________ DOB: ____________

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: ____

What you will need to submit with the application, if applicable.
Arrendell's is complete the application and the addendum.

Documents to be Provided	Required For
Documentation of change of ownership transaction stating effective date and executed by all parties	Change of Ownership applications.
Health Care Licensing Application Addendum, AHCA Form 3110-1024	Initial, Renewal and Change of Ownership application types
Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable	All application types, if documentation is required due to responses provided in application
Approved repayment plan, if applicable	All application types