ALF Initial and Bi-ennial Data Sheet

Facility Information: Answer where applicable and write legibly.

County: _____

Legal Name of Facility: _____ License #_____

Legal DBA: if applicable: _____

Full Address: _____

City: _____Zip_____

Mailing Full Address (as stated on corporation): _____

City: _____ State: _____ Zip: _____

EIN: _____ NPI: _____

Medicaid Number, if applicable: _____ / Medicaid waiver: _____

Telephone: _____Fax: _____

Email: _____ Website: _____

Capacity: _____ - ___OSS ___ Private   Specialty License: __LNS __ECC __ LMH

Nurse on Site: _____ Full Time _____Part Time _____ Third Party _____ None

Management Company: _____ Yes _____ No?, If yes, we will call for additional information.

Full Address: _____

Administrator: _____ Cell: _____

Full Address: _____

Email Address: _____

Administrator social security number: _____ DOB: _____

Education: _____ Highschool Diploma _____ GED

Are you administering to any other facilities: ____Yes ____No

Chief Financial Officer: _____

Chief Financial Officer social security number: _____

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

Name: _____ Phone _____

Full Address: _____

Safety Liaison

Name: _____ D.O.B. _____

Full Primary Address: _____

Telephone: _____ Fax: _____

Email: _____

x

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: _____

1. Are you willing to hold a bed for a resident (ex: if admitted to hospital)? ____ Yes ____ No
2. Are you affiliated with any religion / religious group? ____ Yes _____ No, if yes, please list here;
_____
3. What forms of payment(s) do you accept? ___ Private Pay ___ Medicaid ____ SSI Other: _____
4. Will you provide day service to adults who will not reside on the premises? _____
5. Languages spoken at the facility by administrator and staff? _____

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 Capacity Increases application types
Department of Health food hygiene inspection	All application types, *for providers with 11 beds or more*
Department of Health residential group care inspection report	Initial, Renewal, Change of Ownership and Capacity Increase application types
Documentation from the appropriate local government office-showing that the applicant has met local zoning requirements.	Initial, Change of Ownership and Capacity Increase application types
Documentation proving compliance with the community residential Homes site selection requirements specified pursuant to Chapter 419, F.S.	Initial, Change of Ownership and Capacity Increase application types, for providers that are community residential homes
Surety or continuation bond	All application types that check YES
Proof of Financial Ability to Operate (AHCA Form 3100-0009)	Initial and Change of Ownership application types
Copy of Administration's high school diploma or GED certificate	Initial, Change of Ownership or New Administrators application types
Proof of property occupancy, examples: lease, mortgage, and transfer agreement.	Initial, Renewal, Change of Ownership, Request to Change Name or Address of Provider application types
Certificate of authority, if part of a continuing care retirement community (CCRC)	Initial and Change of Ownership application types
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