

CAREGIVER CONSULTING, INC.
P: 786-514-9177 F: 866-209-0444
E-mail: caregiverconsulting@hotmail.com
www.caregivershelponline.com

Datasheets for HHA Proof Financial Ability to Operate (The PFA)

DATE: _____

Referral: This work is being done upon referral from

Consultant Name: _____

Consultant Phone: _____

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Call CASZIE HART at 786-514-9177 if you have questions.

FAX WHEN COMPLETED TO: CAREGIVER CONSULTING, INC. (866) 209-0444

HOME HEALTH AGENCY INFORMATION FOR AHCA FINANCIALS

Facility Name: _____

Address: _____

City: _____ FL. Zip Code _____

Telephone: _____ Fax _____ County _____

Agency Type: Nonskilled _____ Skilled/Accredited _____ Medicare Certification _____

Owner's Name _____

Contact Phone: _____ Fax: _____

Contact Email(s): _____

Administrator's Name: _____ Admin an RN _____

Is Admin the CFO? _____ Expected Application Filing Date: _____

IMPORTANT NOTICE

The PFA when completed will state the amount of money that AHCA requires for licensing.

THE PFA WILL BE DONE IN 72 - 96 HOURS, AFTER WE RECEIVE THIS COMPLETED FORM. WE REQUIRE A 50% DEPOSIT IN ADVANCE. THE 50% BALANCE IS DUE WHEN THE DOCS ARE COMPLETED, PRIOR TO DELIVERY. YOU CAN PAY BY ZELLE USING 786-514-9177 FOR CAREGIVER CONSULTING INC., OR BY CREDIT AND DEBIT CARD USING THE AUTHORIZATION IS ON PAGE 2. THERE IS NO COST FOR CORRECTIONS WITHIN 30 DAYS OF DELIVERY. IT'S \$350 AFTER 30 DAYS.

ACTUAL OR EXPECTED MONTHLY REVENUE AND SOURCES

State number of consumers you expect to have in each month for Year 1 after licensing and amount each participant will pay monthly. Leave blank if you don't know.

Month	No. of Clients	Charge/ Client/Mo	Payment breakdown of the monthly charge by Payer					
			Client	Medicare	Medicaid	Insurance	HMO	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

LIST THE FOLLOWING MONTHLY EXPENSES WITH COMMENTS IF ANY

Item	Monthly Amt.	Comments (if any)
Rent/Mortgage		
Utilities (phone, water, etc.)		
Insurance (if paid monthly)		
Account/Bookkeeper		
Loan + Interest payments		
Equipment lease payment		
Inventory		
Supplies (office + medical)		
Education/Training		
Repair/Maintenance		
Other:		

STAFFING AND SALARY

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State the number and type of staff you intend to have and the salaries you pay or expect to pay.
USE ACTUAL FIGURES IF YOU HAVE THEM

LEAVE BLANK IF YOU WANT US TO ESTIMATE

DIRECT W-2 EMPLOYEES	NUM	Salary/Hr	Salary/Yr	Benefits?	Comments
Administrator/General Manager					
Alternate Administrator					
Director of Nursing/Medical Director					
Alternate Director of Nursing					
Financial Officer					
Secretary					
Office Staff					
R.N.s					
L.P.N.s					
Home Health Aides					
Physical Therapist					
Occupational Therapist					
Speech Therapist					
Respiratory Therapy					
Social Services					
Homemaker Services					
Dietary Guidance (Dietitian)					
Other:					

LEAVE BLANK IF YOU WANT US TO ESTIMATE

INDEPENDENT CONTRACTORS	NUM	Salary/Hr	
R.N.s			
L.P.N.s			
Home Health Aides			
Physical Therapist			
Occupational Therapist			
Speech Therapist			
Respiratory Therapy			
Social Services			
Homemaker Services			
Dietary Guidance (Dietitian)			

OFFICE FURNITURE AND EQUIPMENT

Fill in the amounts you paid exactly as they appear on the receipts, e.g., \$10.99 and make copies of the receipts to send to AHCA. Do not send the receipts to us.

EQUIPMENT ALREADY PURCHASED		
Site Construction Improvements	Amount Paid if Work Already Done	Amount To be Paid if work not already done
Fire Alarm/Pull Station		
Handicap (handrails, ramps, etc.)		
Security System		
Air Conditioning System		
Office Renovations		
Advertisement	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
New Website		
Flyers/Postcards/Brochures		
Print Media (newspapers, etc.)		
Broadcast Media		

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Fill in the amounts you paid exactly as they appear on the receipts, e.g., \$210.75 and make copies of the receipts to send to AHCA. Do not send the receipts to us.

Office Equipment	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
Office Furniture	Amount Paid if Already Purchased	Amount To be Paid if not Purchased

NOTE:

Send datasheets to us by: Secured Confidential Fax: 1-866-209-0444

Or email it to caregiverconsulting@hotmail.com

Get valuable information online at <http://caregiverconsulting.com>