

DATA COLLECTION SHEET

DATE: _____

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. 1-866-209-0444

DATA TO COMPLETE ICFDD FINANCIALS ICF LICENSING

Facility Name: _____

Address: _____

City: _____ FL. Zip Code _____

Telephone: _____ Fax: _____

County Where Located: _____ Generator Purchased: _____

Facility License Type: ___ Standard

Total No. of Beds: _____ No. Private Beds: _____ No. of Current Residents: _____

Owner's Name _____

Phone: _____ Fax: _____

Owner's Email: _____

Administrator's Name: _____

Is the Administrator currently the Administrator of another ICFDD? _____

Is the Administrator the Financial Officer? _____

Generator Cost: _____ Make & Model: _____

IMPORTANT NOTICE

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. PAYMENT BY ZELLE IS PREFERRED, BUT WE ALSO ACCEPT CREDIT AND DEBIT CARD PAYMENTS. A CREDIT CARD AUTHORIZATION IS ON THE NEXT PAGE. THERE IS NO COST FOR CORRECTIONS WITHIN 30 DAYS OF DELIVERY. IT'S \$250 FOR UPGRADES AFTER 30 DAYS.

COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES

COST OF SERVICE:

01-05 Beds	\$600	41-50 Beds	\$1,150	91-100 Beds	\$1,900
06-10 Beds	\$650	51-60 Beds	\$1,300	101-110 Beds	\$2,150
11-20 Beds	\$750	61-70 Beds	\$1,450	111-120 Beds	\$2,300
21-30 Beds	\$850	71-80 Beds	\$1,600	121-130 Beds	\$2,450
31-40 Beds	\$1,000	81-90 Beds	\$1,750	131-140 Beds	\$2,550
141-150 Beds	\$2,650	191-200 Beds	\$3,150	241-250 Beds	\$3,650
151-160 Beds	\$2,750	201-210 Beds	\$3,250	251-260 Beds	\$3,750
161-170 Beds	\$2,850	211-220 Beds	\$3,350	261-270 Beds	\$3,850
171-180 Beds	\$2,950	221-230 Beds	\$3,450	271-280 Beds	\$3,950
181-190 Beds	\$3,050	231-240 Beds	\$3,550	281-290 Beds	\$4,050
291-300 Beds	\$4,150	Call for additional costs			

Additional Cost of Addressing Omission for PFA prepared by others **\$250.00**
 Additional Cost of Addressing NOIDWs for PFA prepared by others **\$300.00-\$475.00**

OPTIONAL SERVICES: We provide the following documents at an additional charge if needed.

- AHCA compliant Commercial Lease \$100.00
- Furniture Donation Affidavit \$50.00
- CHOW Bill of Sale + Seller's Affidavit \$125.00
- STOCK TRANSFER DOCS (certificates, transfer agreement, etc.) \$250.00
- Total: _____

CERTIFICATION

I, the undersigned, certify that the financial information provided herein is true and correct to the best of my knowledge. I understand AHCA might ask for more information or receipts and can deny my application if it determines that any of the information I provide is insufficient or unacceptable.

Signature of Owner or Administrator **PRINT NAME** **Date**

To pay using Zelle, use 786-514-9177 for Caregiver Consulting, Inc.

AUTHORIZATION for payment by Credit Card or Debit Card				Amount:	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex			Date Expire	
Card Number				CCV: 3 digits 4 digits if Amex	
Name on Card					
Card Zip Code			Phone No.		
Signature				Date Signed	

BANK STATEMENTS: You will have to send AHCA an account statement, in English, to show Proof of Financial Ability to Operate.

RESIDENTS MONTHLY PAYMENT							
Resident	In Which Month = which month after licensing (e.g., Month 1, 2, 3, etc.)						
	Private Pay	Medicaid LTC	In Which Month	Resident	Private Pay	Medicaid LTC	In Which Month
1				10			
2				11			
3				12			
4				13			
5				14			
6				15			
7				16			
8				17			
9				18			

LIST THE FOLLOWING MONTHLY EXPENSES WITH COMMENTS IF ANY		
Item	Monthly Amt.	Comments (if any)
Rent/Mortgage		
Utilities (phone, water, etc.)		
Insurance (required liability)		AHCA requirement for licensing
Accountant/Bookkeeper		
Menu preparation	\$100.00/Year	
Repair/Maintenance		
Security Monitoring		
Pool Cleaning		
Lawn Service		
Equipment lease payment		
Total Loan, Interest, Years		
Advertisement	Amt. Paid	Amt. to be Paid
New Website		
Flyers/Postcards/Brochures		
Print Media (newspapers, etc.)		
Broadcast Media		

FILL HERE IF CHOW:

Old Owner's Name (if CHOW) _____

Old Owner's Corporation _____

CHOW Purchase Price: _____ **Payment Method:** _____

STOP HERE IF CHOW.

CONTINUE HERE IF THIS IS FOR A NEW LICENSE

STATE THE \$ AMOUNTS YOU PAID OR EXPECT TO PAY FOR THE ITEMS INDICATED.

COPY THE RECEIPTS TO SEND TO AHCA FOR ITEMS LISTED AS "ALREADY PAID"
PUT THE AMOUNTS BELOW EXACTLY AS THEY APPEAR ON THE RECEIPTS

EQUIPMENT OR PROPERTY IMPROVEMENTS ALREADY PURCHASED		
Site Equipment	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Fire Alarm/Pull Station		
Sprinkler System		
Handicap (handrails, ramps, etc.)		
New/Modified Windows		
Bathroom renovations		
Security System		
Air Conditioning System		
Dining Room Equipment	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Table with chairs		

Kitchen Equipment	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Dishwasher		
Stove		
Refrigerator		
Dishes and utensils		
Living Room Equipment	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Sofa		
Chairs		
Television		
Television Stand		
Coffee Table		
Accessories		
Bedroom Equipment	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Beds		
Linen		
Towels		
Lamps		
Dressers		
Hampers		
Caddy		
Pictures		
Office Equipment and Furniture	Amount you Already Paid for items purchased	Amount To be Paid for items you did not buy yet
Computer		
Phone and Fax		
Printer and Copier		
Desk		
Chairs		

Send us an email to: caregiverconsulting@hotmail.com

Get more valuable information online at: www.caregiverconsulting.com