CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

DATA COLLECTION SHEET PPEC

© 2010 by Caregiver Consulting, Inc. (CCI) All rights reserved any use of this information in any way for any reason is prohibited without the express written permission of CCI.

Call 786-514-9177 if you have questions.

DATE: ______________________

Consultant Name: _________________________

Consultant Phone: _________________________

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

PPEC INFORMATION TO PREPARE AHCA'S FINANCIALS

New Facility Name: ____

Address: ____

City: _______________________________ FL. Zip Code_______________________

Telephone: __________________________ Fax: ______________________________

Facility Type: PPEC County where located: ______________________________

Max Number of Children: ___________ Expected Approval Date: _________________

New Owner's Name ____

Phone: ________________________________ Fax: ______________________

New Owner's Email: ____

Medical Director's Salary $____________________ Per _______ (month/year)

Old PPEC Name (if CHOW) ____

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 $350 FOR UPGRADES AFTER 30 DAYS.

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES

UP TO 20 Participants	PPEC PFA + Notes & Assumptions	$850.00
21 TO 40 Participants	PPEC PFA + Notes & Assumptions	$1,350.00
41 TO 60 Participants	PPEC PFA + Notes & Assumptions	$1,850.00
OVER 60 Participants	PPEC PFA + Notes & Assumptions	$2,350.00

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.

Letters of Commitment & Administrator Certification	$0.00
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 above and below in this questionnaire, for the Agency for Health Care Administration (AHCA) and Department of Elder Affairs (DOEA), 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, Administrator or Manager ________ PRINT NAME ________ Date ________

To pay by Zelle for Caregiver Consulting, Inc., use phone number: 786-514-9177

FILL IN BELOW FOR PAYMENT BY CREDIT OR DEBIT CARD

PAYMENT AUTHORIZATION TO CAREGIVER CONSULTING, INC.		Amount	
Card Type	Visa MasterCard Discover	Date Expire	
Card Number		Card Code:	
Name on Card		3 digits; 4 digits for Amex	
Card Zip Code		Phone No.	
Signature		Date Signed	

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

THIS IS YOUR ACTUAL OR EXPECTED MONTHLY REVENUE								
State number of participants 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 Patients	Monthly Charge	Amount of the monthly charge paid by					
			Private Pay		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 (liability)		
Accountant/Bookkeeper		
Supplies (office + medical)		
Menu preparation		If applicable
Dietary/Meals/Food		If applicable
Repair/Maintenance		
Security Monitoring		
Equipment lease payment		
Contracted service		
Other:		
Other:		

- Describe the expense where it says Other:

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

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		
Other:		
Other:		
Other:		
Other:		
Clinic 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		
Examining Table		
Safe		
Other:		
Other:		
• Give description for Other:		

CAREGIVER CONSULTING, INC.
Phone: 786-514-9177 Fax: 1-866-209-0444
www.caregiverconsulting.com
caregiverconsulting@hotmail.com

Advertisement	**Amount you Already Paid for items purchased**	Amount To be Paid for items you did not buy yet
New Website		
Flyers/Postcards/Brochures		
Print Media (newspapers, etc.)		
Broadcast Media		
Other Items:		

AS PROOF OF FUNDS FOR WORKING CAPITAL AND CONTINGENCY FUNDS, AHCA REQUIRES YOU TO SEND IN WITH THE APPLICATION AND FINANCIALS BANK STATEMENTS IN ENGLISH, DATED LESS THAN 10 DAYS BEFORE THEY RECEIVE YOUR APPLICATION.

Send datasheets to us by:

Fax: 1-866-209-0444

Or email it to **caregiverconsulting@hotmail.com**

Get valuable information online at **http://caregiverconsulting.com**