

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

ADULT DAY CARE CENTER DATA COLLECTION SHEET

DATE: _____

Consultant Name: _____

Consultant Phone: _____

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Call 786-514-9177 for more info.

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

DATA TO COMPLETE AHCA'S FINANCIALS FOR AN ADCC LICENSING

Facility Name: _____

Address: _____

City: _____ FL. Zip Code _____

Telephone: _____ Fax: _____

Facility Type: ADCC Expected Licensing Date: _____

Capacity (Max No. of Clients ADCC can have): _____ (if any)

Owner's Name _____

Contact Phone: _____ Fax: _____

Contact Email(s): _____

Old Owner's Name (if CHOW) _____

Old Owner's Corporation _____

Bill of Sale Amt. _____ Payment Method: _____

IMPORTANT NOTICE

THE PFA DOCS WILL BE DONE IN 48 - 76 HOURS AFTER THIS FORM IS RETURNED TO US FULLY COMPLETED. AT LEAST A 50% DEPOSIT IS REQUIRED IN ADVANCE. THE 50% BALANCE IS DUE WHEN THE DOCS ARE COMPLETED. FINAL PAYMENT IS REQUIRED BEFORE THE DOCS ARE DELIVERED TO YOU. A CREDIT CARD AUTHORIZATION IS ON THE NEXT PAGE. HOWEVER, YOU CAN PAY DIRECTLY BY QUICKPAY OR ZELLE USING THE BUSINESS NAME, CAREGIVER CONSULTING, INC. AND THE PHONE NUMBER WHICH IS 786-514-9177. THERE IS A \$350.00 CHARGE TO UPDATE THE DOCUMENTS IF YOU KEEP THEM MORE THAN 3 MONTHS BEFORE FILING THE APPLICATION WITH AHCA.

COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES

UP TO 40 Participants	ADCC PFA + Notes & Assumptions	\$750.00
41-80 Participants	ADCC PFA + Notes & Assumptions	\$1,000.00
OVER 80 Participants	ADCC PFA + Notes & Assumptions	\$1,250.00

THE FOLLOSING WILL BE PREPARED IF NEEDED AT NO ADDITIONAL COST:

Bifurcated Sale Agreement (if Change of Ownership)	\$50.00 <input type="checkbox"/>
Bill of Sale (if Change of Ownership)	\$50.00 <input type="checkbox"/>
Purchase Order (if giving furniture and equipment to the business)	\$50.00 <input type="checkbox"/>

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 using Zelle use caregiverconsulting@hotmail.com and 786-514-9177

FILL IN BELOW FOR PAYMENT BY CREDIT OR DEBIT CARD

PAYMENT AUTHORIZATION TO CAREGIVER CONSULTING, INC.		Amount:	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Date Expire	
		Phone No.	
Card Number		CCV: 3 digits 4 digits if Amex	
Name on Card		[Card billing address 📍 📍]	
Bill Address			
City		State/Zip Code	
Signature		Date Signed	

ACTUAL OR EXPECTED MONTHLY REVENUE AND SOURCES

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 Clients	Charge/ Client/Mo	Amount of the monthly charge paid by					
			Patient	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 (required liability)		AHCA requirement for licensing
Accountant/Bookkeeper		
Supplies (office + medical)		
Menu preparation		N/A if catering
Dietary/Meals/Food		If catering attach a copy of contract
Repair/Maintenance		
Security Monitoring		
Pool Cleaning		
Lawn Service		
Equipment lease payment		E.g., water dispenser
Contracted service		PT, OT, ST
Loan + Interest payments		
Other:		

STAFFING AND SALARY

State the number and type of staff you intend to have and the salaries you pay or expect to pay. Leave a position blank if it does not apply to this facility.

If you wish us to estimate the salaries, write estimate here: _____ :

POSITION	NUM	Salary/Hr	Salary/Yr	Benefits?	Contracted?
Administrator/General Manager					
Alternate Administrator					
Director of Nursing/Medical Director					
Alternate Director of Nursing					
Financial Officer					
Admissions Director					
Bookkeeper					
Secretary					
Direct Care Staff					
Records Clerk					
Other Office/Administrative Staff					
Delivery Staff					
Intake/Receptionist/Information Clerk					
Maintenance/Repair					
Inventory					
Housekeeping					
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:					

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 ALREADY PURCHASED		
Site Equipment	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
Fire Alarm/Pull Station		
Sprinkler System		
Handicap (handrails, ramps, etc.)		
New/Modified Windows		
Bathroom renovations		
Security System		
Air Conditioning System		
Commercial Kitchen		
Other		
Equipment (Computers, etc.)	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
Other Capital Expenses	Amount Paid if Already Purchased	Amount To be Paid if not Purchased

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Furniture	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
Professional Expenses	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
Facility Licensing Fee		
Other		
Other		
Advertisement	Amount Paid if Already Purchased	Amount To be Paid if not Purchased
New Website		
Flyers/Postcards/Brochures		
Print Media (newspapers, etc.)		
Broadcast Media		
Other		

Fax datasheets to: 1-866-209-0444 (This is a secured, confidential fax)

Or email it to caregiverconsulting@hotmail.com

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