

**DATA COLLECTION SHEET**

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

DATE: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Consultant Phone: \_\_\_\_\_

FAX WHEN COMPLETED TO: CAREGIVER CONSULTING, INC. 1-866-209-0444

**DATA TO COMPLETE AHCA'S FINANCIALS FOR AN ALF CHOW**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ FL. Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

County Where Facility is Located: \_\_\_\_\_ Generator? \_\_\_\_\_

Facility License Type: \_\_\_ Standard \_\_\_ LNS \_\_\_ LMH \_\_\_ ECC

Total No. of Beds: \_\_\_\_\_ No. Private \_\_\_\_\_ No. of Current Residents: \_\_\_\_\_

**New Owner's Name** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Owner's Email: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Is the Administrator currently the Administrator of another ALF? \_\_\_\_\_

Is the Administrator the Financial Officer? \_\_\_\_\_

**Old Owner's Name (if CHOW)** \_\_\_\_\_

**Old Owner's Corporation** \_\_\_\_\_

**CHOW Purchase Price:** \_\_\_\_\_ **Payment Method:** \_\_\_\_\_

**IMPORTANT:** The docs HE DOCS WILL BE DONE IN 2 - 4 DAYS. A 50% DEPOSIT IS REQUIRE. THE BALANCE IS DUE WHEN THE FINANCIALS ARE DONE. **YOU CAN PAY BY QUICK PAY OR ZELLE USING CAREGIVER CONSULTING, INC. AND 786-514-9177.** THERE IS A \$350.00 CHARGE TO UPDATE THE DOCUMENTS IF YOU KEEP THEM MORE THAN 3 MONTHS BEFORE FILING THEM WITH AHCA.

**COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES**

Costs of the PFA + Notes & Assumptions are based upon the number of beds. They are the following:

01-05 Beds	\$600	46-55 Beds	\$1,050	96-105 Beds	\$1,550
06-15 Beds	\$650	56-65 Beds	\$1,150	106-115 Beds	\$1,650
16-25 Beds	\$750	66-75 Beds	\$1,250	116-125 Beds	\$1,750
26-35 Beds	\$850	76-85 Beds	\$1,350	126-135 Beds	\$1,850
36-45 Beds	\$950	86-95 Beds	\$1,450	136-145 Beds	\$1,950
146-155 Beds	\$2,050	196-205 Beds	\$2,650	246-255 Beds	\$3,150
156-165 Beds	\$2,150	206-215 Beds	\$2,750	256-265 Beds	\$3,250
166-175 Beds	\$2,250	216-225 Beds	\$2,850	266-275 Beds	\$3,350
176-185 Beds	\$2,350	226-235 Beds	\$2,950	276-285 Beds	\$3,450
186-195 Beds	\$2,450	236-245 Beds	\$3,050	286-295 Beds	\$3,550
296-305 Beds	\$3,550	Call for additional costs			

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

AHCA compliant Commercial Lease	\$50.00	<input type="checkbox"/>
Furniture Donation Affidavit	\$50.00	<input type="checkbox"/>
CHOW Bill of Sale + Seller's Affidavit	\$50.00	<input type="checkbox"/>
STOCK TRANSFER DOCS (certificates, transfer agreement, etc.)	\$175.00	<input type="checkbox"/>

**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 [caregiverconsulting@hotmail.com](mailto:caregiverconsulting@hotmail.com) and 786-514-9177

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

**BANK STATEMENTS:** The Proof of Financial Ability to Operate will tell you the amount AHCA requires you to show for Working Capital and Contingency Funding. You will have to send BANK STATEMENTS or BANK LETTERS, IN ENGLISH, DATED THE SAME DAY OR DAY BEFORE YOU SEND YOUR APPLICATION TO AHCA.

RESIDENTS MONTHLY PAYMENT							
Resident	Private Pay	Medicaid LTC	ACS	Resident	Private Pay	Medicaid LTC	ACS
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

COMPENSATION OF OFFICERS & STAFF IF KNOWN, OTHERWISE LEAVE BLANK		
Officer/Administrator	Annual Amt.	Comments (if any)
Administrator		
Financial Officer		
Secretary		

