

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 ICFDD FINANCIALS ICF LICENSING

Facility Name: _____

Address: _____

City: _____ FL. Zip Code _____

Telephone: _____ Fax: _____

County Where Located: _____ Generator Purchased: _____

Facility License Type: ___ Standard ___ LNS ___ LMH ___ ECC

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 ICF? _____

Is the Administrator the Financial Officer? _____

Generator Make & Model: _____

IMPORTANT NOTICE

THE FINANCIALS WILL BE DONE IN 72 - 96 HOURS, AFTER THIS FORM IS RETURNED TO US FULLY COMPLETED. WE REQUIRE A 50% DEPOSIT IN ADVANCE. THE 50% BALANCE IS DUE WHEN THE FINANCIALS ARE COMPLETED. FINAL PAYMENT MUST BE MADE IN CASH, OR BY CREDIT CARD OR DEBIT CARD. A CREDIT CARD AUTHORIZATION IS ON THE NEXT PAGE. THERE IS NO COST FOR CORRECTIONS. **You will know how much AHCA requires you to have when the forms are prepared.**

COST AND CERTIFICATION OF EXPECTED REVENUE AND EXPENSES

COST OF SERVICE:

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.

	PRINT NAME	Date
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Instead of using a credit card, you can make payment electronically using QuickPay or Zelle using the business email address which is caregiverconsulting@hotmail.com

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	

BANK STATEMENTS: When the Proof of Financial Ability to Operate forms are finished they 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	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