

START UP QUESTIONNAIRE

Agency Name			Tax ID		NPI (if you have it)	
Address						
City			State		Zip	
Phone			Fax		Email	
Administrator Name					Maiden	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Alternate Administrator Name					Maiden	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Director of Nursing					Maiden	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Alternate Director of Nursing Name					Maiden	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Owner Name (Sole Proprietorship/Partnership)				Maiden	% of Ownership	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Owner Name (Sole Proprietorship/Partnership)				Maiden	% of Ownership	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Chief Financial Officer Name (if applicable)					Maiden	
SS#	DOB (mm/dd/yyyy)	Email			Sex (M/F)	Race
Agency Hours of Operation						
Comments						

Other Documents required

- Letter from IRS showing Tax ID #
- Certificate of Incorporation and Articles of Incorporation.
- All documents relating to business formation
- Current resumes for administrator, alternate administrator, supervising nurse, alternate supervising nurse (should be sent by email)
- Copy (front and back) of Nursing Licenses for any supervising nurse.
- Award Certificate showing compliance with Administrator training requirements
- Proof of Taking online Pre-Survey class