

Renewal Application - Adult Family Home / Adult Foster Care Home

Name: _____

Mailing Address: _____

Location Address #1: _____

Location Address #2: _____

Location Address #3: _____

Location Address #4: _____

Contact Person: _____

Contact Phone: _____

How many AFH locations do you have? _____

Licensed Bed Count: _____

Number of Residents:	Ambulatory	Semi-Ambulatory	Non-Ambulatory
Loc #1			
Loc #2			
Loc #3			
Loc #4			

Are you aware of any potential circumstances which may result in a claim being made against you?

Any residents confined to bed or require 24 hour supervision? _____

If Yes, describe:

Attach copies of:
Current State Inspection report including deficiencies report and follow up
AFH License if any changes or renewed

FRAUD WARNING
Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicant Signature

Title

Date