



FID: DHR License: Facility:

Schedule A

	Reporting Basis: <input type="radio"/> Cash <input type="radio"/> Accrual	Status: <input type="text"/>	
	DSS Received:	Date Closed:	<input type="text"/>
Consolidated Report? <input type="radio"/> Yes <input type="radio"/> No		# of homes: <input type="text"/>	Page <input type="text"/> of <input type="text"/> Group ID #: <input type="text"/>
General Information	1. Mailing Address:	<input type="text"/>	
	City:	State: NC	Zip: <input type="text"/>
	Facility Phone:	<input type="text"/>	
	2. Physical Address:	<input type="text"/>	
	City:	State: NC	Zip: <input type="text"/>
	3. Original Date Licensed:	<input type="text"/>	
	4. Issued Name:	<input type="text"/>	
	5. County:	NPI Number:	<input type="text"/>
	6. Medicaid provider #:	Medicaid Number If Changed:	<input type="text"/>
	7. Owner(s):	<input type="text"/>	
	a. Contact Person:	b. Phone:	<input type="text"/>
Tax Information	8. Tax Status	a. Voluntary Nonprofit	b. For Profit
		<input type="radio"/> Church	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership
		<input type="radio"/> Other(Non Profit) <input type="text"/>	<input type="radio"/> Corporation <input type="radio"/> Other (Profit)
Home Information	9. Do You Own the Facility?:	<input type="radio"/> Yes <input type="radio"/> No	
	10. Ownership Changed?:	<input type="radio"/> Yes <input type="radio"/> No	
	a. Previous Owner:	<input type="text"/>	
	Address:	<input type="text"/>	
	City:	State: NC	Zip: <input type="text"/>
	b. Date :	<input type="text"/>	
	c. Old License Number :	<input type="text"/>	
11. Date Home Built:	<input type="text"/>		
11a. Date home was Renovated:	<input type="text"/>		
12. Home Fully Depreciated:	<input type="radio"/> Yes <input type="radio"/> No		
13. Licensed Bed Capacity:	<input type="text"/>		
14. Bed Capacity Changed:	<input type="radio"/> Yes <input type="radio"/> No		
15. # of Beds Before Change:	<input type="text"/>		
First Date Changed:	<input type="text"/>		
Second Date Changed:	<input type="text"/>		
16. Number of Months in Operation:	<input type="text"/>		
From	<input type="text"/>	Through	<input type="text"/>
Is this a New Facility? :	<input type="radio"/> Yes <input type="radio"/> No		
17. Total Licensed Beds Available:	<input type="text"/>		
18. Total of Available Bed Days:	<input type="text"/>		
19. Total Resident Days:	<input type="text"/>		
20. Total State/County SA Days:	<input type="text"/>		

CERTIFICATE OF ACCURACY

The undersigned individual (company) does hereby state that the report forms: Schedules A, B, C or C1, D and E (SCU Only) have been prepared from accounting records of the home and are accurate based on recorded information and/or information provided. All related Party transactions have been identified and are included on Schedule D.

Owner's Signature _____

Date _____

Owner's Signature (if co-owned) _____

Date _____



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Schedule B

Revenues (Receipts on behalf of state/county special assistance residents)		Revenues	Revenues
	1. State/County Special Assistance:	<input type="text"/>	
	2. Social Security:	<input type="text"/>	
	3. Supplemental Security Income:	<input type="text"/>	
	4. Personal Care Services:	<input type="text"/>	
	5. Medical Transportation:	<input type="text"/>	
	6. Mental Health Revenues:	<input type="text"/>	
	7. Other (Insurance, Veterans Benefits, Railroad, Etc):	<input type="text"/>	
	8. Less Refunds:	<input type="text"/>	
	9. Less PCS overpayments or recoupments:	<input type="text"/>	
	10. Total SA Resident Revenues:		<input type="text"/>
Receipts from Private Pay residents	11. Private Pay Receipts: (Social Security, SSI, Insurance, Veteran Benefits, Railroad, Etc) :	<input type="text"/>	
	12. Mental Health Revenues:	<input type="text"/>	
	13. Less Refunds:	<input type="text"/>	
	14. Total Private Pay Revenues:		<input type="text"/>
Non-Resident Related Revenue	15. Receipts From Other Sources:	<input type="text"/>	
	16. Less Refunds:	<input type="text"/>	
	17. Total Non-resident Revenues: (Subtract Line 16 from Line 15)		<input type="text"/>
	18. Total Revenues (add lines 10, 14 and 17):		<input type="text"/>
	19. Less Total Expenses: From Schedule C, Line 240, Column 3 or from Schedule C1, Line 150, Column 3	<input type="text"/>	
	20. Net Profit or Loss: (Subtract Line 19 from Line 18)		<input type="text"/>



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Schedule C1

		Paid Hours	Unpaid Hours	Expenses
Personal Care Services	1. Salaries and Wages Aides:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. Salaries and Wages Others:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3. Casual Labor:	<input type="text"/>		<input type="text"/>
	4. Payroll Taxes:			<input type="text"/>
	5. Employee Benefit Program:			<input type="text"/>
	6. Meetings/Seminars/Training:			<input type="text"/>
	7. Travel Costs:			<input type="text"/>
	8. Contract Services:	<input type="text"/>		<input type="text"/>
	9. Non-Legend Drugs Medical Sevcies:			<input type="text"/>
	10. Legend Drugs:			<input type="text"/>
	11. Beauty and Barber Shop:			<input type="text"/>
	12. Bloodborne Pathogens:			<input type="text"/>
	13. Miscellaneous:			<input type="text"/>
	13a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
20. Total of Personal Care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Housekeeping/Laundry, Dietary and Recreation	21. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	22. Casual Labor:	<input type="text"/>		<input type="text"/>
	23. Payroll Taxes:			<input type="text"/>
	24. Employee Benefit Program:			<input type="text"/>
	25. Meetings/Seminars/Training:			<input type="text"/>
	26. Travel Costs:			<input type="text"/>
	27. Contract Services:	<input type="text"/>		<input type="text"/>
	28. Linen Bedding:			<input type="text"/>
	29. Food:			<input type="text"/>
	30. Supplies:			<input type="text"/>
	31. Miscellaneous:			<input type="text"/>
	31a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
40. Total of Housekeeping/ Laundry, Dietary and Recreation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	



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Schedule C1

		Paid Hours	Unpaid Hours	Expenses
Property / Ownership/ Use	41. Depreciation - Land Improvements:			<input type="text"/>
	42. Depreciation - Buildings:			<input type="text"/>
	43. Depreciation - Equipment:			<input type="text"/>
	44. Depreciation - Automobiles:			<input type="text"/>
	45. Rent for Facility:			<input type="text"/>
	46. Rent for Other - Buildings / Land:			<input type="text"/>
	47. Rent for Other - Auto/Equipment:			<input type="text"/>
	48. Real Estate Taxes:			<input type="text"/>
	49. Interest - Mortgage / Fixed Assets:			<input type="text"/>
	50. Interest - Other Capital:			<input type="text"/>
	51. Insurance - Fixed Assets:			<input type="text"/>
	52. Miscellaneous:			<input type="text"/>
	52a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
	60. Total of Property/Ownership/Use:			<input type="text"/>

Medically Related Patient Transportation	61. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	62. Casual Labor:	<input type="text"/>		<input type="text"/>
	63. Payroll Taxes:			<input type="text"/>
	64. Employee Benefit Program:			<input type="text"/>
	65. Meetings / Seminars / Training:			<input type="text"/>
	66. Travel Costs:			<input type="text"/>
	67. Contract Services:	<input type="text"/>		<input type="text"/>
	68. Depreciation - Automobiles:			<input type="text"/>
	69. Rent - Equipment:			<input type="text"/>
	70. Auto Truck Maintenance and Upkeep:			<input type="text"/>
	71. Repairs and Maintenance - Equipment:			<input type="text"/>
	72. Interest - Automobile:			<input type="text"/>
	73. Insurance - Automobile:			<input type="text"/>
	74. Miscellaneous:			<input type="text"/>
74a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>	
80.Total of Medical Related Patient Transportation :	<input type="text"/>	<input type="text"/>	<input type="text"/>	



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		Paid Hours	Unpaid Hours	Expenses
Administration and General	81. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	82. Casual Labor:	<input type="text"/>		<input type="text"/>
	83. Payroll Taxes:			<input type="text"/>
	84. Employee Benefit Program:			<input type="text"/>
	85. Meetings/Seminars/Training:			<input type="text"/>
	86. Travel Costs:			<input type="text"/>
	87. Contract Services:	<input type="text"/>		<input type="text"/>
	88. Employee Criminal Record Check:			<input type="text"/>
	89. Office Supplies:			<input type="text"/>
	90. Management Services:			<input type="text"/>
	91. Central Office Overhead:			<input type="text"/>
	92. Interest - Operating:			<input type="text"/>
	93. Advertising:			<input type="text"/>
	94. Amortization:			<input type="text"/>
	95. Data Processing:			<input type="text"/>
	96. Legal and Accounting:			<input type="text"/>
	97. Audit:			<input type="text"/>
	98. Telephone and Telegraph:			<input type="text"/>
	99. Travel and Entertainment:			<input type="text"/>
	100. Dues and Subscriptions:			<input type="text"/>
	101. Insurance-General:			<input type="text"/>
	102. Licenses:			<input type="text"/>
103. Bad Debts:			<input type="text"/>	
104. Postage:			<input type="text"/>	
105. Auto and Truck Maintenance:			<input type="text"/>	
106. Repairs and Maintenance - Bldg:			<input type="text"/>	
107. Repairs and Maintenance - Equip:			<input type="text"/>	
108. Utilities:			<input type="text"/>	
109. Sanitary and Pest Control:			<input type="text"/>	
110. Miscellaneous:			<input type="text"/>	
110a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>	
120. Total of Administration:	<input type="text"/>	<input type="text"/>	<input type="text"/>	



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Schedule C1

		Paid Hours	Unpaid Hours	Expenses
Other Cost Centers				
Non-Reimbursable	121. Miscellaneous:			<input type="text"/>
	130. Total of Non-Reimbursable:			<input type="text"/>
Mental Health Services	131. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	132. Casual Labor:	<input type="text"/>		<input type="text"/>
	133. Payroll Taxes:			<input type="text"/>
	134. Employee Benefit Program:			<input type="text"/>
	135. Meetings/Seminars/Training:			<input type="text"/>
	136. Travel Costs:			<input type="text"/>
	137. Contract Services:	<input type="text"/>		<input type="text"/>
	138. Supplies:			<input type="text"/>
	139. Miscellaneous:			<input type="text"/>
	139a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
	140. Total of Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	150. Total C1 Costs:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Add Lines 20,40,60,80,120,130 and 140)			
	Schedule B Total Expenses:			<input type="text"/>
	Difference:			<input type="text"/>