



FID: DHR License: Facility:

Schedule A

Reporting Basis: <input type="radio"/> Cash <input type="radio"/> Accrual		Status: <input type="text"/>	
DSS Received: <input type="text"/>		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"/>	
Tax Information	8. Tax Status	a. Voluntary Nonprofit	b. For Profit
		<input type="radio"/> Church <input type="radio"/> Other (Non Profit) <input type="text"/>	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <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"/>	16. Number of Months in Operation:	<input type="text"/>
11a. Date home was Renovated:	<input type="text"/>	From <input type="text"/> Through <input type="text"/>	
12. Home Fully Depreciated:	<input type="radio"/> Yes <input type="radio"/> No	Is this a New Facility? :	<input type="radio"/> Yes <input type="radio"/> No
13. Licensed Bed Capacity:	<input type="text"/>	17. Total Licensed Beds Available:	<input type="text"/>
14. Bed Capacity Changed:	<input type="radio"/> Yes <input type="radio"/> No	18. Total of Available Bed Days:	<input type="text"/>
15. # of Beds Before Change:	<input type="text"/>	19. Total Resident Days:	<input type="text"/>
	First Date Changed:	<input type="text"/>	20. Total State/County SA Days:
	Second Date Changed:	<input type="text"/>	<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 _____

Agreed Upon Procedures Prepared by:

Name: _____ Phone: _____

Address

Email:



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Schedule B

		Revenues	Revenues
Revenues	(Receipts on behalf of state/county special assistance residents)		
	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 C Direct

Direct Cost Centers

		Paid Hours	Unpaid Hours	Expenses
Housekeeping/ Laundry	1. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. Casual Labor:	<input type="text"/>		<input type="text"/>
	3. Payroll Taxes:			<input type="text"/>
	4. Employee Benefit Program:			<input type="text"/>
	5. Meetings/Seminars/Training:			<input type="text"/>
	6. Travel Costs:			<input type="text"/>
	7. Housekeeping/Laundry:			<input type="text"/>
	8. Linen and Bedding:			<input type="text"/>
	9. Contract Services:	<input type="text"/>		<input type="text"/>
	10. Miscellaneous:			<input type="text"/>
	10a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
20. Total Housekeeping/Laundry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Dietary

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. Dietary Supplies:			<input type="text"/>
29. Food:			<input type="text"/>
30. Miscellaneous:			<input type="text"/>
30a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
40. Total Dietary:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Recreation
Activities**

41. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
42. Casual Labor:	<input type="text"/>		<input type="text"/>
43. Payroll Taxes:			<input type="text"/>
44. Employee Benefit Program:			<input type="text"/>
45. Meetings/Seminars/Training:			<input type="text"/>
46. Travel Costs:			<input type="text"/>
47. Contract Services:	<input type="text"/>		<input type="text"/>
48. Supplies:			<input type="text"/>
49. Miscellaneous:			<input type="text"/>
49a. Miscellaneous Related Party Adj. from Schedule D::			<input type="text"/>
50. Total Recreational Activities:	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Schedule C Direct

PCS Cost Centers		Paid Hours	Unpaid Hours	Expenses
Personal Care	51. Salaries and Wages Aides:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	52. Salaries and Wages Others:	<input type="text"/>		<input type="text"/>
	53. Casual Labor:	<input type="text"/>		<input type="text"/>
	54. Payroll Taxes:			<input type="text"/>
	55. Employee Benefit Program:			<input type="text"/>
	56. Meetings/Seminars/Training:			<input type="text"/>
	57. Travel Costs:			<input type="text"/>
	58. Contract Services:	<input type="text"/>		<input type="text"/>
	59. Miscellaneous:			<input type="text"/>
	59a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
60. Total Personal Care:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Services	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. Non-legend Drugs and Medical Supplies:			<input type="text"/>
	69. Legend Drugs:			<input type="text"/>
	70. Beauty and Barber Shop:			<input type="text"/>
	71. Bloodborne Pathogens (OSHA):			<input type="text"/>
	72. Miscellaneous:			<input type="text"/>
	72a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
80. Total Health Services:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Initial/Orientation Aide Training	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. Miscellaneous:			<input type="text"/>
	88a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
90. Total Initial/Orientation:		<input type="text"/>	<input type="text"/>	<input type="text"/>



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Schedule C Indirect / Other

Indirect Cost Centers		Paid Hours	Unpaid Hours	Expenses
Administration And General	91. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	92. Casual Labor:	<input type="text"/>		<input type="text"/>
	93. Payroll Taxes:			<input type="text"/>
	94. Employee Benefit Program:			<input type="text"/>
	95. Meetings/Seminars/Training:			<input type="text"/>
	96. Travel Costs:			<input type="text"/>
	97. Contract Services:	<input type="text"/>		<input type="text"/>
	98. Employee Criminal Records Check:			<input type="text"/>
	99. Office Supplies:			<input type="text"/>
	100. Management Services:			<input type="text"/>
	101. Central Office Overhead:			<input type="text"/>
	102. Interest - Operating:			<input type="text"/>
	103. Advertising:			<input type="text"/>
	104. Amortization:			<input type="text"/>
	105. Data Processing:			<input type="text"/>
	106. Legal and Accounting:			<input type="text"/>
	107. Audit:			<input type="text"/>
	108. Telephone and Telegraph:			<input type="text"/>
	109. Travel and Entertainment:			<input type="text"/>
	110. Dues and Subscriptions:			<input type="text"/>
111. Insurance - General:			<input type="text"/>	
112. Licenses:			<input type="text"/>	
113. Bad Debts:			<input type="text"/>	
114. Postage:			<input type="text"/>	
115. Miscellaneous:			<input type="text"/>	
115a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>	
120. Total Administration:	<input type="text"/>	<input type="text"/>	<input type="text"/>	



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Schedule C Indirect / Other

Indirect Cost Centers		Paid Hours	Unpaid Hours	Expenses
Operation/ Maintenance	121. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	122. Casual Labor:	<input type="text"/>		<input type="text"/>
	123. Payroll Taxes:			<input type="text"/>
	124. Employee Benefit Program:			<input type="text"/>
	125. Meetings/Seminars/Training:			<input type="text"/>
	126. Travel Costs:			<input type="text"/>
	127. Contract Services:	<input type="text"/>		<input type="text"/>
	128. Supplies:			<input type="text"/>
	129. Auto and Truck Maint:			<input type="text"/>
	130. Repair and Maintenance - Bldg:			<input type="text"/>
	131. Repair and Maintenance - Equip:			<input type="text"/>
	132. Utilities:			<input type="text"/>
	133. Sanitary and Pest Control:			<input type="text"/>
	134. Miscellaneous:			<input type="text"/>
	134a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
140. Total Operation/Maintenance:		<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Cost Centers		Paid Hours	Unpaid Hours	Expenses
Medical Transportation	141. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	142. Casual Labor:	<input type="text"/>		<input type="text"/>
	143. Payroll Taxes:			<input type="text"/>
	144. Employee Benefit Program:			<input type="text"/>
	145. Meeting/Seminars/Training:			<input type="text"/>
	146. Travel Costs:			<input type="text"/>
	147. Contract Services:	<input type="text"/>		<input type="text"/>
	148. Depreciation - Autos:			<input type="text"/>
	149. Rent - Equipment:			<input type="text"/>
	150. Auto and Truck Maintenance:			<input type="text"/>
	151. Equipment Repairs and Maint:			<input type="text"/>
	152. Interest - Automobile:			<input type="text"/>
	153. Insurance - Automobile:			<input type="text"/>
	154. Miscellaneous:			<input type="text"/>
	154a. Miscellaneous Related Party Adj. from Schedule D:			<input type="text"/>
160. Total Medical Transportation:		<input type="text"/>	<input type="text"/>	<input type="text"/>



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Schedule C Indirect / Other

Other Cost Centers

		Paid Hours	Unpaid Hours	Expenses
Mental Health Services	161. Salaries and Wages:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	162. Casual Labor:	<input type="text"/>		<input type="text"/>
	163. Payroll Taxes:			<input type="text"/>
	164. Employee Benefit Program:			<input type="text"/>
	165. Meetings/Seminars/Training:			<input type="text"/>
	166. Travel Costs:			<input type="text"/>
	167. Contract Services:	<input type="text"/>		<input type="text"/>
	168. Supplies:			<input type="text"/>
	169. Miscellaneous:			<input type="text"/>
	169a. Miscellaneous Related Party Adj. from Schedule D::			<input type="text"/>
170. Total Mental Health Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Capital Cost Centers

Property/Ownership/Use	171. Depreciation - Land:		<input type="text"/>
	172. Depreciation - Buildings:		<input type="text"/>
	173. Depreciation - Equipment:		<input type="text"/>
	174. Depreciation - Automobiles:		<input type="text"/>
	175. Rent for Facility:		<input type="text"/>
	176. Rent - Buildings/Land:		<input type="text"/>
	177. Rent - Autos/Equipment:		<input type="text"/>
	178. Real Estate Taxes:		<input type="text"/>
	179. Interest - Mortgage :		<input type="text"/>
	180. Interest - Other Capital Assets :		<input type="text"/>
	181. Insurance - Fixed Assets :		<input type="text"/>
	182. Miscellaneous:		<input type="text"/>
	182a. Miscellaneous Related Party Adj. from Schedule D:		<input type="text"/>
190. Total Property/Ownership:		<input type="text"/>	

Non-Reimbursable

191. Miscellaneous:	<input type="text"/>
200 Total Non-Reimbursable:	<input type="text"/>



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Schedule C Indirect / Other

Hours Paid	Hours Unpaid	Expenses
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Summary of Cost Center Totals

210.Total of Direct Cost Centers (Add lines 20,40 and 50)	<input type="text"/>	<input type="text"/>	<input type="text"/>
215.Total of PCS Cost Centers (Add lines 60,80 and 90)	<input type="text"/>	<input type="text"/>	<input type="text"/>
220. Total of Indirect Cost Centers (Add Lines 120 and 140)	<input type="text"/>	<input type="text"/>	<input type="text"/>
225. Total of Other Cost Centers (Add Lines 160 and 170)	<input type="text"/>	<input type="text"/>	<input type="text"/>
230.Total of Capital Cost Centers (Line 190)			<input type="text"/>
235.Total of Non-Reimbursable Cost Centers (Line 200)			<input type="text"/>
240.Total of all Cost Centers (Add Lines 210,215,220,225,230 and 235)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schedule B Total Expenses: (Line 19)			<input type="text"/>
Difference:			<input type="text"/>