

NOTICE OF AFFILIATION

Dear Applicant:

For any Acute Care or Long Term Care program (i.e. hospice, personal service agency, residential facility), operated by or affiliated in any manner with the applicant, any member of management, or owner as indicated on the application form, **ON A SEPARATE SHEET OF PAPER**, please state the following:

1. There is any pending or prior litigation or action that would affect licensure, an ability to operate, or impact Medicare or Medicaid funding for any past or present Acute Care or Long Term Care program, agency, or facility.
2. Set out the date of the action, the cause number, and the ruling issued by the judicial authority.
3. If there has been no cause for litigation, so state.
4. If there is any question concerning whether the entity operated is an Acute Care or Long Term Care program, please include such.

This information must be included with the application packet.