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| **TRANSFER OF A CERTIFICATE OF NEED** |
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|  |  |  |
| LEGAL NAME OF APPLICANT |  | FACILITY/PROJECT NAME |
|  |  |  |
| AUTHORIZED REPRESENTATIVE/CONTACT PERSON |  | CHIEF EXECUTIVE OFFICER |
|  |  |  |
| MAILING ADDRESS |  | STREET ADDRESS/SITE LOCATION |
|  |  |  |
| CITY, STATE, AND ZIP CODE |  | CITY |
|  |  |  |
| TELEPHONE (AREA CODE AND NUMBER) |  | DISTRICT/SUBDISTRICT (IF APPLICABLE) |
|  |  |  |
| EMAIL ADDRESS |  |  |
|  **COUNTY:** |  31. Jackson |  62. Taylor |  **OWNERSHIP TYPE:** |
|  1. Alachua |  32. Jefferson |  63. Union |  1. For Profit  |
|  2. Baker |  33. Lafayette |  64. Volusia |  2. Not For Profit  |
|  3. Bay |  34. Lake |  65. Wakulla |  3. Nursing Home Chain |
|  4. Bradford |  35. Lee |  66. Walton |  4. Government |
|  5. Brevard |  36. Leon |  67. Washington |  |
|  6. Broward |  37. Levy |  |  |
|  7. Calhoun |  38. Liberty | **CON PROPOSED TO BE TRANSFERRED:** |  |
|  8. Charlotte |  39. Madison |  |  |
|  9. Citrus |  40. Manatee | CON Number  |  Date Issued  |  **APPLICANT TYPE:** |
|  10. Clay |  41. Marion |  |  1. Hospice |
|  11. Collier |  42. Martin |  |  2. Community Nursing Home |
|  12. Columbia |  43. Miami/Dade | **CURRENT HOLDER OF THE CON:** |  3. Sheltered Nursing Home  |
|  13. DeSoto |  44. Monroe |  |  4. Community ICF/DD |
|  14. Dixie |  45. Nassau |  |  5. State ICF/DD |
|  15. Duval |  46. Okaloosa |  |  |
|  16. Escambia |  47. Okeechobee |  |  |
|  17. Flagler |  48. Orange |  |  |
|  18. Franklin |  49. Osceola |  |  |
|  19. Gadsden |  50. Palm Beach |  |   |
|  20. Gilchrist |  51. Pasco |  |  |
|  21. Glades |  52. Pinellas |  |  **PROJECT COSTS:** |
|  22. Gulf |  53. Polk |  |  |
|  23. Hamilton |  54. Putnam |  | Capital Expenditures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  24. Hardee |  55. Saint Johns |  |  |
|  25. Hendry |  56. Saint Lucie |  |  |
|  26. Hernando |  57. Santa Rosa |  | Operating Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  27. Highlands |  58. Sarasota |  |  |
|  28. Hillsborough |  59. Seminole |  |  |
|  29. Holmes |  60. Sumter |  |  |
|  30. Indian River |  61. Suwannee |  |  |
| **NUMBER OF NEW/AFFECTED BEDS (+/-):** |  |  |
| \_\_\_\_\_\_ Community Nursing Home  | \_\_\_\_\_\_ Freestanding Inpatient Hospice  |  |
| \_\_\_\_\_\_ Sheltered Nursing Home  | \_\_\_\_\_\_ ICF/DD |  |
|  |  |  |
|  |  |  |
| **ADDITIONAL PROJECT DETAILS/REMARKS:** |  |  |  | *AHCA Use Only:* |
|  |  |  |  | CON Number \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | Date Received \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | Fee Received \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |