



Social Adult Day Care (SADC) Registration Form

Please complete each of the required registration elements listed below.

Social Adult Day Care Program Site Information

SADC/
Corporation
Name

Tax ID No.
(TIN)

Program Site Address

Floor/Suite

City

State

Zip
Code

Phone Number

Website Address, if any

Days and Hours of Operation - Please check off days open and fill in hours of operation.

Mon
Fri

Tues
Sat

Wed
Sun

Thurs

Year SADC
Established

Program Site compliant with
American with Disabilities Act

Yes

No

SADC has certified with the New York State Office of Medicaid Inspector General
<https://www.omig.ny.gov/sadc-certification>

Yes

No (If checked please provide explanation)

SADC Director Information

First
Name

Middle
Initial

Last
Name

Title

Phone Number

E-mail Address

Corporate Structure/Ownership Information

Entity Type

Non-Profit	Corporation/LLC	Individual/Sole Proprietor
Joint Venture	Partnership/LLC	Single Member LLC
Other		

Corporate Address

- Check here if same as Program Site Address listed above
- Check here and enter address if different

If SADC is doing business under any other names, please provide

Owner Information - Provide the name(s), title(s), phone number(s) and e-mail address(es) for each owner.
*Not applicable to/required for not-for-profit SADC entities.

Managed Long Term Care Company

List the Managed Long Term Care Company(ies) (MLTC) that the SADC has formal agreement(s) with.
Please be sure to specify the full name, address, and telephone number of each MLTC listed.

Acknowledgement and Signature

1. Registrant affirms that he/she is authorized by SADC to provide the information on this registration form.
2. Registrant acknowledges that changes to information provided under this registration must be submitted to the Department for the Aging no later than the effective date of such change by submitting a SADC Notification of Change Form, which is available at www.nyc.gov/aging.

signature

print name

date

(NOT PART OF REGISTRATION FORM)

Please return completed and signed registration form(s) to:

**Attn: Office of the Ombudsperson
New York City Department for the Aging
Social Adult Day Care Registration
2 Lafayette Street
New York, NY 10007**