



## SADC Online Registration Portal

1. Below is the first section of the SADC Program Site Information in NYC Aging's SADC Online Registration Portal.

**SADC Program Site Information**

Tax ID No. (TIN): (e.g.123456789) *	141741477	Site ID: *	3999-SAMPLE SADC																							
SADC Program Name: *	SAMPLE SADC	Program Site Address: *	2 Lafayette Street																							
Floor/Suite:		City / State / ZipCode: *	NEW YORK NY 10007																							
Phone Number * / ext:	718-247-1147	ext	Website, if any:																							
Year Established: *	2016	Status of SADC Operations: *	ACTIVE – Registrant is currently providing SADC services to actual participant																							
Registrant's Days and Hours of Operation:	<table border="1"><thead><tr><th>Mon</th><th>Tues</th><th>Wed</th><th>Thur</th><th>Fri</th><th>Sat</th><th>Sun</th></tr></thead><tbody><tr><td>From 08:00 AM</td><td>08:00 AM</td><td>08:00 AM</td><td>08:00 AM</td><td>Selected One</td><td>Selected One</td><td>Selected One</td></tr><tr><td>To 04:00 PM</td><td>04:00 PM</td><td>04:00 PM</td><td>04:00 PM</td><td>Selected One</td><td>Selected One</td><td>Selected One</td></tr></tbody></table>					Mon	Tues	Wed	Thur	Fri	Sat	Sun	From 08:00 AM	08:00 AM	08:00 AM	08:00 AM	Selected One	Selected One	Selected One	To 04:00 PM	04:00 PM	04:00 PM	04:00 PM	Selected One	Selected One	Selected One
Mon	Tues	Wed	Thur	Fri	Sat	Sun																				
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To 04:00 PM	04:00 PM	04:00 PM	04:00 PM	Selected One	Selected One	Selected One																				
Days and times during the above hours when participants are regularly absent from the registrant and reason for these absences (e.g., for field trips):	Wednesdays 12-4 pm for field trips	Registrant's Certificate of Occupancy: *	Yes																							
Occupancy limit indicated on registrant's certificate of occupancy:	50	Anticipated Average Daily Program Attendance: *	14																							
Registrant Is Certified with NYS Office of Medicaid Inspector General (OMIG) *	Yes	If not certified with OMIG, please explain:																								
Registrant's Business Type: *	Corporation/LLC	If other business type, please specify:																								
Physical Accessibility: *	Yes	Expiration Date of Registrant's Food Service Establishment Permit (mm/dd/yyyy): *	06/30/2026																							
Name of local fire jurisdiction (e.g., FDNY Engine 4/Ladder 15): *	FDNY Engineer #9 Ladder #6	Date registrant notified local fire jurisdiction of its existence (mm/dd/yyyy): *	01/01/2016																							
Languages spoken by registrant staff:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input checked="" type="checkbox"/> Gujarati <input type="checkbox"/> Russian <input type="checkbox"/> French <input checked="" type="checkbox"/> Other	If selected other, please enter other languages here:	Tagalog																							

2. Below is the second section of the SADC Program Site Information in NYC Aging's SADC Online Registration Portal.

Shift Information			
Day of Week	Registrant's Number of Work Shifts Per Day	Registrant's Anticipated Average Participant Attendance Per Shift	Registrant's Anticipated Number of Staff Per Shift
Monday	2	7	2
Tuesday	2	7	2
Wednesday	2	7	2
Thursday	0	0	0
Friday	0	0	0
Saturday	0	0	0
Sunday	0	0	0

  

Corporate Structure			
Corporate Address:	Same as Program Address	If different from Program Address, enter here: 2 Lafayette Street	
Floor/Suite:		City / State / ZipCode:	NEW YORK NY 10007
If SADC is doing business under any other names, please provide:			

3. Below is the third section of the SADC Program Site Information in NYC Aging's SADC Online Registration Portal.

**Director Information**

First Name *, Middle Initial:	testsadc	MI	Last Name: *	Test
Title: *	Director	Phone Number * / ext:	212-349-3724	ext
Email: *	testsadc@sadc.com	Confirm Email: *	testsadc@sadc.com	
Director is on site at the facility on the following days and times each week:	Mondays and Tuesdays, 8 am - 4 pm			

**Ownership Information**

Full Name	Phone Number	Email	Title	Status
Test Test	718-241-4771	tsesi@test.com	Owner	ACTIVE
Harry Potter	741-577-7777	test@test.com	Owner	ACTIVE
John Smith	715-577-7777	test@test.com	Owner	ACTIVE

**Add New Owner**

**Registrant's Contracted Managed Long Term Care Plans**

MLTC Name	Address	Plan Name	Phone #	Status
Hamaspik Choice	58 Route 59, Suite #1	Hamaspik Choice	855-552-4642	ACTIVE
Integra MLTC Inc	123 Corporate Drive	Integra MLTC	855-646-4950	INACTIVE

**Add New MLTC Plan**

4. Below is the fourth and final section of the SADC Program Site Information in NYC Aging's SADC Online Registration Portal.

**Acknowledgement & Signature**

All social adult day care (SADC) programs operating in New York City must register with the Department for the Aging (NYC Aging) pursuant to Section 21-204 of the New York City Administrative Code and Title 69 of the Rules of the City of New York, subchapter 2.

An SADC must register before it can provide services. If any of the information an SADC has entered in this registration changes, the SADC must immediately submit those changes in this registration as required by Section 21-204 of the New York City Administrative Code.

The person submitting this registration must declare and affirm the following:

I am authorized to represent the registrant whose name and contact information appears above  
 The information entered in this registration is true and correct  
 The registrant understands that NYC Aging may check the accuracy of information that the registrant has entered in this registration  
 The registrant understands that if the registrant fails to immediately submit changes to this registration, the registrant may incur civil penalties of \$500 per day that the registrant is operating;  
 The registrant has reviewed the laws and regulations applying to social adult day care providers in New York City, including but not limited to those noted [here](#);  
 The registrant will allow NYC Aging investigators access to the registrant's facility during operating hours, including making easily and quickly available for review all records that the registrant is required to maintain by federal, state, and local law  
 The registrant understands that once the registrant clicks Submit, this record will be locked, and the registrant will need to pay another \$240 fee to make any further changes to this registration

First Name	SADC
Last Name	Ombuds

Please print a copy of the registration page before you click the Submit button. When you click the Submit button you will receive a Confirmation Email for your records.

**Save** **Submit**

Sign up [here](#) to receive Advance Warning System alerts from New York City. Participating organizations will receive public preparedness and emergency information designed for use by individuals with disabilities or access and functional needs. Registration is free.