

SADC Online Registration Portal

- 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) *	<input type="text"/>	Site ID: *	<input type="text"/>																								
SADC Program Name: *	<input type="text"/>	Program Site Address: *	<input type="text"/>																								
Floor/Suite:	<input type="text"/>	City / State / ZipCode: *	<input type="text"/> NY <input type="text"/>																								
Phone Number * / ext:	<input type="text"/>	Website, if any:	<input type="text"/>																								
Year Established: *	<input type="text"/>	Status of SADC Operations: *	<input type="text"/>																								
Registrant's Days and Hours of Operation:	<table><thead><tr><th></th><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</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>To</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				Mon	Tues	Wed	Thur	Fri	Sat	Sun	From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Registrant's Certificate of Occupancy: *	<input type="text"/>	Anticipated Average Daily Program Attendance: *	<input type="text"/>																								

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

Registrant Is Certified with NYS Office of Medicaid Inspector General (OMIG) *	<input type="text" value="Select One"/> ▼	If not certified with OMIG, please explain:	<input type="text"/>
Registrant's Business Type:*	<input type="text" value="Select One"/> ▼	If other business type, please specify:	<input type="text"/>
Physical Accessibility: *	<input type="text" value="Select One"/> ▼	Expiration Date of Registrant's Food Service Establishment Permit (mm/dd/yyyy): *	<input type="text"/>
Name of local fire jurisdiction: *	<input type="text"/>	Notification date of SADC's existence (mm/dd/yyyy): *	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Corporate Structure

Corporate Address:

Select One

▼

If different from Program Address, enter here:

Floor/Suite:

City / State / ZipCode:

NY

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

Director Information

First Name *, Middle Initial:

MI

Last Name: *

Director First Name is required!

Director Last Name is required!

Title: *

Select One

▼

Phone Number * / ext:

- - -

ext

Director Title is required!

Director Phone Number is required!

Email: *

Confirm Email: *

* Required Email

Confirm Email is required

Ownership Information

Full Name	Phone Number	Email	Title	Status

Add New Owner

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

Registrant’s Contracted Managed Long Term Care Plans

MLTC Name	Address	Plan Name	Phone #	Status
██████	██████████	██████████	██████████	██████

Add New MLTC Plan

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 Title 69 of the RCNY, subchapter 2.

An individual, partnership, corporation, limited liability company, joint venture, association, or other business entity shall not operate as an SADC without having first registered with NYC Aging. Submission of the registration must be completed before an SADC can provide services. An SADC must also submit any changes to information as required by the Rules of Title 69 of the RCNY, subchapter 2 within 30 days of the effective date of such changes.

The person submitting the registration, declares and affirms that the information entered as part of this form is true and that:

1. **he/she is the registrant whose name and contact information appears above;**
2. **the registrant has undertaken due diligence and conducted all reasonable inquiry prior to making any of the statements in this registration and has sufficient knowledge to complete this form; and**
3. **the registrant acknowledges that this registration is being made in order to comply with the requirements outlined by the Rules**

☐

I Agree

First Name

Last Name

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