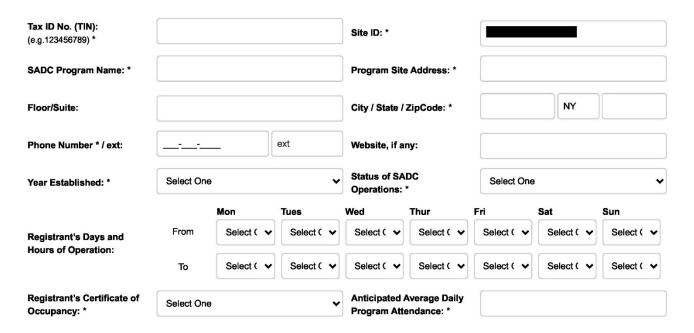
SADC Online Registration Portal

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

SADC Program Site Information



2. Below is the second section of the SADC Program Site Information in NYC Aging's SADC Online Registration Portal. Registrant Is Certified with If not certified with OMIG, Select One NYS Office of Medicaid please explain: Inspector General (OMIG) * Registrant's Business If other business type, Select One Type:* please specify: **Expiration Date of** Registrant's Food Service Physical Accessibility: * Select One **Establishment Permit** (mm/dd/yyyy): * Notification date of SADC's Name of local fire jurisdiction: * existence (mm/dd/yyyyy): * **Shift Information** Registrant's Number of Work Registrant's Anticipated Number of Day of Registrant's Anticipated Average Participant **Shifts Per Day** Staff Per Shift Week Attendance Per Shift Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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

Corporate Structure



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



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 <u>must be completed before an SADC can provide services.</u> 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.

