



Click this button to reset text to black

1. AAA Information Form

Effective Date: _____

Agency:

State Corporation Commission (SCC) Identification Number: _____

Agency Address: _____

Phone: _____ Fax: _____

Email Address: _____

Agency Head:

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Second in Command:

Home Phone: _____ Cell Phone: _____

Email Address: _____

Fiscal Director:

Home Phone: _____ Cell Phone: _____

Email Address: _____

Authorized Staff to Submit AMR

Provide the email address of staff and one alternate authorized to email the AMR to the Department for Aging and Rehabilitative Services. Reports sent by any other email will not be recognized as approved.

Primary: _____ **Alternate:** _____

Agency: _____

Agency Head Signature: _____ **Date:** _____

AAA Email Groups

Review the appropriate email groups below and include a COMPLETE LIST OF THE MOST CURRENT MEMBERS of the group. **Ensure the list of members is correct as this list will replace the current email distribution group.** Use additional pages as needed.

| Director or CEO Staff | | | | | |
|--|--|--------|--|--------|--|
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Fiscal Staff | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Nutrition Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Registered Dietitian/Nutritionist | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA NWD Coordinator | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA NWD IT Administrators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Care Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| VICAP Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA In-Home Services/Caregiver Programs | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |

Additional AAA Email Group Page

This page can be used to add additional individuals to an email group if your agency needs to add more individuals than the previous page allows. If your agency does not need additional room, this page can be left blank or removed.

| Director or CEO Staff | | | | | |
|--|--|--------|--|--------|--|
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Fiscal Staff | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Nutrition Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Registered Dietitian/Nutritionist | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA NWD Coordinator | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA NWD IT Administrators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA Care Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| VICAP Coordinators | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |
| AAA In-Home Services/Caregiver Programs | | | | | |
| Name: | | Name: | | Name: | |
| Email: | | Email: | | Email: | |