

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:	