

NON-PROFIT PUBLIC HEALTH ACTIVITY
APPLICATION RETURN CHECKLIST

- Application for Eligibility completed.
- All names, titles and signatures on Authorized Representative form completed.
- Non-discrimination Assurance Form signed and completed.
- Return Policy read and signed by all persons shown on the Authorized Representative form.
- Certifications and Agreements read and signed by all persons shown on the Authorized Representative form.

Additional Documentation Requirements:

- Submit a copy of the IRS Tax Exempt 501c letter.
- Submit a complete narrative of the program. The narrative should include type of services provided, number of beds and/or patients served, staff, facilities, days/hours open to the public, etc.
- Submit a copy of the programs current financial statements.
- Submit a copy of the programs license or operating permit.
- Submit a copy of the programs accreditation, approval or certification (See Non-Profit Health Activity Information Sheet for more information).

NOTE: If the above requirements are not met the processing of your application will be delayed.

If you have questions please call:

Karen Haston
503-378-6049