

FOR NYS OPWDD / DOH USE ONLY

DATE RECEIVED

APPLICANT

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (AREA CODE)

EXECUTIVE DIRECTOR OF APPLICANT MLTCP / DISCO

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (AREA CODE)

CHAIRMAN OF THE BOARD OF APPLICANT

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (AREA CODE)

APPLICATION TYPE: Managed Long Term Care Plan / DISCO

MODEL:

DISCO

TAX STATUS:

Privately Held

Not-for-Profit

Publicly Traded for Profit

FEDERAL Employer ID# _____

Signature of Executive Director of APPLICANT

Date:

Signature of Board Chairman of APPLICANT

Date:

Signature and Title of Individual Executing Application
(If different from Executive Director)

Date:

Name of Contact Person and Phone Number