

Facility Face Sheet

Type	Class	Provider ID	County	Licensor
Facility: Fax:		Licensee: 	FEIN: SSN:	
Mailing: 				
Status:		Date Closed:	Reason Closed:	
Effective Date:	Expiration Date:	Application Received:	Renewal Sent:	
Initial Application Received:		Date Probationary Issued:	Date Regular Issued:	
Amount due:	Last payment date:		Last fee payment:	
Capacity:	Age:	Gender:		
Profit/Non-Profit:		Ownership:		
Other License(s) 		Specialty Program(s) or Target Groups 		

License Review:

- Probationary
- Continuation
- Modification
- Closed

Effective Date:
 Licensor's initials:

Select the option(s) that applies:

1. Exception – List rule, rule description, alternatives, period of approval:
2. RCC – Type 2
3. CPA – Group home list, list group homes sponsored:
4. CPA – Geographical area – list counties of geographic area served:

PA: