

COMPREHENSIVE & EXTENDED CARE FACILITIES APPLICATION

PROOF OF FINANCIAL ABILITY TO OPERATE

Facility Name:

Date:

BEGINNING PRO FORMA BALANCE SHEET

ASSETS

CURRENT ASSETS

CASH

ACCOUNTS RECEIVABLE

INVENTORY

INTERCOMPANY

TOTAL CURRENT ASSETS

FIXED ASSETS

LAND

LAND IMPROVEMENTS

BUILDING & IMPROVEMENTS

FURNITURE & EQUIPMENT

LESS ACCUM DEP

NET FIXED ASSETS

OTHER ASSETS

FINANCING COSTS

START UP COSTS

TOTAL OTHER ASSETS

TOTAL ASSETS

LIABILITIES

CURRENT LIABILITIES

ACCOUNTS PAYABLE

CURRENT PORTION-LTD

NOTE PAYABLE

OTHER LIABILITIES

TOTAL CURRENT LIABILITIES

LONG-TERM LIABILITIES

LONG-TERM DEBT

TOTAL LONG-TERM LIABILITIES

PAID IN CAPITAL

TOTAL EQUITY

TOTAL

Facility Name:

Date:

ENDING PRO FORMA BALANCE SHEET

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CURRENT ASSETS

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LAND IMPROVEMENTS

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FINANCING COSTS

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TOTAL OTHER ASSETS

TOTAL ASSETS

LIABILITIES

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ACCOUNTS PAYABLE

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OTHER LIABILITIES

TOTAL CURRENT LIABILITIES

LONG-TERM LIABILITIES

LONG-TERM DEBT

TOTAL LONG-TERM LIABILITIES

PAID IN CAPITAL

TOTAL EQUITY

TOTAL

Facility Name:

Period:

FROM

TO

PROJECTED STATEMENT OF REVENUES AND EXPENSES

	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH	5TH MONTH	6TH MONTH	7TH MONTH	8TH MONTH	9TH MONTH	10TH MONTH	11TH MONTH	12TH MONTH	TOTAL
OCCUPANCY PERCENTAGE													
PATIENT DAYS													
REVENUES:													
PRIVATE													
MEDICAID													
ANCILLARY													
OTHER/HMO/INS													
OTHER													
GROSS REVENUES													
CONTRACTUAL ADJUSTMENTS													
NET REVENUES													
EXPENSES:													
ADMINISTRATIVE													
PROPERTY													
PLANT OPERATOIN													
DIETARY SERVICE													
LAUNDRY & LINEN													
HOUSEKEEPING													
NURSING													
TOTAL EXPENSES													
N.H. INCOME (LOSS)													

Facility Name:

Period:

FROM

TO

PROJECTED STATEMENT OF REVENUES AND EXPENSES

	1 ST MONTH	2 ND MONTH	3 RD MONTH	4 TH MONTH	5 TH MONTH	6 TH MONTH	7 TH MONTH	8 TH MONTH	9 TH MONTH	10 TH MONTH	11 TH MONTH	12 TH MONTH	TOTAL
ADMINISTRATIVE:													
SALARY-ADMIN													
SALARY-OTHER													
SALARY-OTHER													
MGMT FEES													
OTHER ADMIN													
BENEFITS													
TOTAL ADMINISTRATIVE													
PROPERTY:													
DEPRECIATION													
AMORTIZATION													
INTEREST													
RENT													
TAXES													
INSURANCE													
TOTAL PROPERTY													
PLANT OPERATION:													
SALARIES													
UTILITIES													
OTHER PLANT OP													
TOTAL PLANT OPERATIONS													
DIETARY SERVICES:													
SALARIES													
RAW FOOD													
OTHER													
TOTAL DIETARY SERVICES													
LAUNDRY & LINEN:													
SALARIES													
OTHER													
TOTAL LAUNDRY & LINEN													
HOUSEKEEPING:													
SALARIES													
OTHER													
TOTAL HOUSEKEEPING													
NURSING:													
SALARIES													
OTHER													
ACTIVITIES & SS													
OTHER PAT CARE													
TOTAL NURSING COSTS													
TOTAL COSTS													

Facility Name:

Period:

FROM

TO

STATEMENT OF CASH FLOWS

	1 ST MONTH	2 ND MONTH	3 RD MONTH	4 TH MONTH	5 TH MONTH	6 TH MONTH	7 TH MONTH	8 TH MONTH	9 TH MONTH	10 TH MONTH	11 TH MONTH	12 TH MONTH	TOTAL
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FUNDS AVAILABLE:

CASH BEGINNING													
NET INC FROM OPER													

SUBTOTAL													
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ADD:

DEPRE/AMORT													
DECREASE IN INV													
INCREASE IN A/P													
INCREASE IN ACC LIAB													

TOTAL ADDITIONS													
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TOTAL FUNDS AVAILABLE													
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DEDUCT:

DEBT SERVICE													
INCREASE IN A/R													
INCREASE IN INV													

TOTAL USAGE													
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CASH AVAIL AT END OF MONTH													
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