

DISCLOSURE INFORMATION - 42 CFR 455.104

5.a. Ownership

List the name, address, date of birth, social security number and/or tax identification number (TIN) of each person, organization, corporation or entity with an ownership controlling interest as defined by 42 CFR 455.101 in the entity submitting this offer:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth
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No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth
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5.b. Subcontractor Ownership

List the name, address, date of birth, social security number and/or tax identification number (TIN) of each person, organization, corporation or entity with an ownership controlling interest in any subcontractor in which the disclosing entity has direct or indirect interest of 5% or more:

List the Names of above persons who are related to one another as spouse, parent, child or sibling:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth	Persons Related as Spouse, Parent, Child
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5.b. Subcontractor Ownership

List the name, address, date of birth, social security number and/or tax identification number (TIN) of each person, organization, corporation or entity with an ownership controlling interest in any subcontractor in which the disclosing entity has direct or indirect interest of 5% or more:

List the Names of above persons who are related to one another as spouse, parent, child or sibling:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth	Persons Related as Spouse, Parent, Child
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5.c. Managing Employees

List the name, address, date of birth, and social security number of any managing employee of the entity submitting this offer:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth
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5.d. Ownership in Other Entities

List the name of any other entity in which a person with ownership or control interest in the Offeror entity also has an ownership or control interest:

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5.d. Ownership in Other Entities

List the name of any other entity in which a person with ownership or control interest in the Offeror entity also has an ownership or control interest:

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5.e. Long-Term Business Transactions

List any significant business transactions between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Offeror's most recent fiscal year end:

No.	Describe Ownership of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction
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5.f. Criminal Offenses and 5.g. Suspension/Exclusion or Debarment

5.f. List the name, title, address, date of birth, social security number of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicaid or the Title XX services program since the inception of those programs:

5.g. List the name, title, address, date of birth, social security number of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been suspended or debarred from participating Medicare, Medicaid or the Title XX services program since the inception of those programs:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth	Criminal Offense	Suspension / Debarment
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5.f. Criminal Offenses and 5.g. Suspension/Exclusion or Debarment

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5.g. List the name, title, address, date of birth, social security number of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been suspended or debarred from participating Medicare, Medicaid or the Title XX services program since the inception of those programs:

No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth	Criminal Offense	Suspension / Debarment
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No.	Name	Address	City	State	Zip Code	Social Security Number / TIN	Date of Birth	Criminal Offense	Suspension / Debarment
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DISCLOSURE INFORMATION

5.h. Creditors

List the name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's Company:

No.	Name	Address	City	State	Zip Code	Description of Debt	Amount of Security
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DISCLOSURE INFORMATION

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DISCLOSURE INFORMATION

6.a. Board of Directors

List the names, addresses, social security numbers, and date of birth of the Board of Directors of the Offeror:

No.	Name	Address	City	State	Zip Code	Social Security Number	Date of Birth
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DISCLOSURE INFORMATION

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No.	Name	Address	City	State	Zip Code	Social Security Number	Date of Birth
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