

# Facility Fiscal Year Data Statement

<b>NEW FACILITY:</b>	
FISCAL YEAR ENDING DATE: _____	
<b>FOR FACILITIES UNDERGOING CHANGE OF OWNERSHIP:</b>	
OLD MEDICARE FISCAL YEAR ENDING DATE: _____ NEW MEDICARE FISCAL YEAR ENDING DATE: _____  EFFECTIVE DATE OF CHANGE OF OWNERSHIP: _____	
<b>SIGNATURE OF ADMINISTRATOR</b>	
<b>PLEASE TYPE ADMINSTRATOR'S NAME</b>	
<b>ADMINISTRATOR'S TITLE</b>	
<b>"DOING BUSINESS NAME" FACILITY NAME</b>	