



<p><b>H. Have arrangements been made to transfer/dispose of equipment, including rental equipment? <b>Equipment purchased with OASAS funding must be disposed of in accordance with OASAS policy.</b></b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A      If yes, date equipment will be transferred by </p>	
<p><b>I. Have employees been given appropriate written notice as well as W-2 forms and all other necessary documents?</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      If yes, date notice was given </p> <p>If no, explain:</p>	
<p><b>J. Does the lease have an early termination clause?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p>If yes, are there any time requirements for notification?      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p>If yes, are there any penalties for improper notification?      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p>If yes, has the landlord been notified?      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p>Date landlord was or will be notified</p>	
<p><b>K. Have arrangements been made for return of security deposits or other prepaid items?</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A </p>	
<p><b>L. Have arrangements been made to read meters, disconnect phones, utilities and/or other services?</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A      If yes, date of notification </p>	
<p><b>M. Are patient records properly stored in conformity with Federal [42 CFR Part 2] and State [814.3(e)(7)] requirements?</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A </p>	
<p><b>Provider Certification and Signature</b></p>	
<p><b>I certify that all information included or attached to the Plan is accurate, complete and true to the best of my knowledge.</b></p>	
<p>Executive Director/Chief Executive Officer</p>	<p>Title</p>
<p>Signature of Executive Director/Chief Executive Officer</p>	<p>Date</p>
<p>Board of Directors Chair/President</p>	<p>Title</p>
<p>Signature of Board of Directors Chair/President</p>	<p>Date</p>