

WHAT IF...

FACILITY REGISTRATION FORM



NO TRANSPORT



NO SUPPORT



NO WATER



NO MEDICATION

Facility Name		CCN	
Contact Name			
Phone		Email	
Patient Census		Total Signed Patient Pledges	

Please complete and return to KCER.

Fax: 813.354.1514

Mail: c/o HSAG, 3000 Bayport Drive, Suite 300, Tampa, Florida 33607