**Request for Exemption:**

**FY2017 Group Adult Foster Care (GAFC) Cost Report**

To request an exemption from filing the FY2017 GAFC Cost Report, please complete this form and email it as an attachment to [chia.data@state.ma.us](mailto:chia.data@state.ma.us).

|  |  |
| --- | --- |
| **1. Agency Name:** | Click here to enter text. |
| **2. MassHealth ID:** | Click here to enter text. *Nine-digit number plus one letter suffix* |
| **3. Agency’s FY2017**  **Reporting Fiscal Year:** | 7/1/2016 – 6/30/2017  10/1/2016 – 9/30/2017  1/1/2017 – 12/31/2017  Other: Click here to enter text. |
| **4. Reason for exemption request:**  The agency did not have a complete FY2017.  **Explanation:** Click here to enter text.  The agency did not have any MassHealth participation in its FY2017.  The agency received less than $50,000 in MassHealth revenue in its FY2017.  **Amount of MassHealth revenue received in FY2017:** $Click here to enter text. | |
| **5. Contact Person:** | Click here to enter text. |
| **6. Contact Email:** | Click here to enter text. |
| **7. Contact Phone Number:** | Click here to enter text. |

For more information, please consult the GAFC Cost Report Instructions, available at [www.chiamass.gov/gafc](http://www.chiamass.gov/gafc)

Still have questions? Feel free to email us at [chia.data@state.ma.us](mailto:chia.data@state.ma.us),

or call CHIA’s Pricing Cost Report Helpdesk at 617-701-8156.