**Request for Exemption:**

**FY2023 Adult Foster Care (AFC) Cost Report**

To request an exemption from filing the FY2023 AFC Cost Report, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

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| --- | --- |
| **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 FY2023**  **Reporting Fiscal Year:** | 7/1/2022– 6/30/2023  10/1/2022 – 9/30/2023  1/1/2023 – 12/31/2023  Other: Click here to enter text. |
| **4. Reason for exemption request:**  The agency was in business for less than 6 months during FY2023.  **Explanation:** Click here to enter text.  The agency was owned by the current owner for less than 6 months during FY2023.  **Explanation:** Click here to enter text.  The agency did not have any MassHealth participation in FY2023.  **Explanation:** Click here to enter text.  The agency received less than $50,000 in MassHealth revenue in FY2023.  **Amount of MassHealth revenue received in FY2023:** $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 AFC Cost Report Instructions, available at <http://www.chiamass.gov/adult-foster-care-cost-reports-2/>

Still have questions? Feel free to email us at [CostReports.Pricing@chiamass.gov](mailto:CostReports.Pricing@chiamass.gov).