

Roster of Eligible Residents for the Enriched Housing Operating Assistance Subsidy

Report Year (YYYY)		2025	State Fiscal Year 2025-26		DIRECTIONS: Complete this roster listing all eligible residents for which you are claiming payment. The resident's Medicaid (MA) number must also be listed. Do NOT include Social Security Numbers. Include only those in the program at the end of the report month and in the program for a minimum of 15 days during the month. Properly completed reports must be submitted monthly via the Secure File Transfer tool on the Health Commerce System. To be eligible for payment for any given month, the report must be submitted within ten (10) business days of the last calendar day of that month.
Report Month					
OC #					
Facility Name					
Address					
City					
State					
Zip Code					
Phone Number					
	No. of Residents	Resident's First Name	Resident's Last Name	Admission Date (MM/DD/YYYY)	
	1				
	2				
	3				
	4				
	5				
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Approved Certified Capacity

Number of SSI residents in program at the end of the report month*

** (must have been in the program for a minimum of 15 days of the month)*

I declare that the information contained in this report is true and accurate and agree that receipt of funds under the Enriched Housing Operating Assistance Program is conditioned upon adherence to the Conditions for Participation for such program as stated in the “ACF EH Operating Assistance Subsidy Application SFY 2025-26”

Print Name
(Administrator)

Signature

Date