GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia
Certificate of Need
Additional Information

☞ ENTER the Project Number and County below for the project for which you are supplying additional information. Use the Format YYYY-###.	
PROJECT NUMBER **GA 2023 - 029** COUNTY: **Sumter**	Signed Original and 1 Copy _____ *(This Box for Office of Health Planning Use Only)*
Name of Applicant: **PruittHealth Home Health, Inc.**	

General Information:

1. **This Additional Information form is a required document that must be submitted by an Applicant wishing to supply additional information. Additional information is information and data submitted in response to a direct request from the Department at the 60-day meeting or information submitted consistent with the scope, physical location, costs, charges, and owners identified in the original application.**

2. **Please review this form before attempting to complete and submit the information requested.**

3. **This form must be typewritten or completed and printed in this MS Word format. Handwritten responses must not be submitted and will not be accepted.**

4. **All form fields must be completed. If a field is not applicable, so indicate.**

5. **Attach you additional information to this form.**

6. **This form and the attached additional information must be submitted to the Department no later than the 75th day of the review cycle. Applicants must submit a signed original and one (1) copy of this form and any and all attached documentation.**

7. **The signed original Additional Information form and the single copy must be submitted on loose leaf, one-sided 8 ½ by 11-inch paper only. The copy and the original should be rubber banded to separate the copy from the original.**

   - **The signed original must not be hole punched nor stapled or otherwise bound.**
   - **The single copy must be three-hole-punched but must not be stapled or otherwise bound.**

8. **Faxed copies of documents and information are not official and must be followed-up with the original documents by the mandated deadline for inclusion in a project master file.**

SECTION A. IDENTIFYING INFORMATION

1. Please identify the Applicant.

APPLICANT		
Applicant Legal Name: PruittHealth Home Health, Inc.		
d/b/a (if applicable):		
Address: 1626 Jeurgens Court		
City: Norcross	State: GA	Zip: 30093
County: Gwinnett	Main Business Phone: 770-279-6200	

2. Please identify the person to whom the Department may address questions regarding this Additional Information.

CONTACT PERSON		
Name: Connor Seim	Title or Position: Director of Planning and Development	
Address: 1626 Jeurgens Court		
City: Norcross	State: GA	Zip: 30093
Phone: 404-820-1875	Fax:	
E-mail Address: connor.seim@pruitthealth.com		

3. Additional Information. Attach 8-1/2 by 11-inch sheets providing the information and data in response to the direct request from the Department at a 60 day meeting or at any other time prior to the 75th day, or other information consistent with the scope, physical location, costs, charges, and owners identified in the original application.

Is the attached information in response to the 60-day meeting? ☒ **Yes** ☐ **No**

If the information is not in response to the 60-day meeting, please explain.

4. Applicant Certification.

By signing below,

a) I hereby certify that the contained statements and all attachments hereto are true and complete to the best of my knowledge and belief and that I possess the authority to submit this form and bind the Applicant to promises made herein;

b) I further understand that if issued a Certificate of Need, the Applicant is bound to any representations that have been made within this form and any and all documentation attached hereto; and

c) I certify that the Applicant will accept a condition or conditions on the award of a Certificate of Need based upon any representation of intent contained herein.

APPLICANT CERTIFICATION	
Signature of Authorized Signatory (BLUE INK ONLY):	
Name: Connor Seim	
Title: Director of Planning and Development	Date: 8/11/2023

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Submit to: **Office of Health Planning**
Department of Community Health
2 Peachtree Street, NW – 5th Floor
Atlanta, GA 30303