



**Commission on Accreditation for Home Care, Inc.**

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[www.cahcnj.org](http://www.cahcnj.org)

**Request for CAHC Accreditation Manual**

*(Please print or type all information.)*

**Agency Name:** \_\_\_\_\_

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**Agency Address:** \_\_\_\_\_

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**Mailing Address (if different):** \_\_\_\_\_

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**Please tell us how you heard about CAHC:**

*To request a CAHC Accreditation manual, please mail:*

- 1. this form completed*
- 2. a check for \$312 made payable to "Commission on Accreditation for Home Care, Inc."*
- 3. a copy of your agency's current Health Care Service Firm license.*