

Aetna Affordable Health Choices®

AmeriCorps

PROGRAM DATA FORM

Please complete this form and fax to SRC at 803-333-1902
PLEASE PRINT LEGIBLY OR TYPE ALL REQUIRED INFORMATION

PART A—GRANTEE INFORMATION

Program's Name	Program Director's Name:	E-Mail Address:	Effective Date of Grant	
Grantee's Name	Program Health Care Contact		Program Year	MM/DD/YY
Grant Number	Phone Number ()	Fax Number ()	From _____	to _____
Street Address	City, State, & Zip Code		Number of Full-Time To Be Enrolled:	Number of Part-Time To Be Enrolled:

PART B—BILLING INFORMATION

Billing Contact Name:	Billing Mailing Address (City, State, & Zip Code):		
Phone Number: ()	Fax Number: ()	E-Mail Address:	

PART C—REPORTING INFORMATION

- Plan elected (check one): Option I or Option II
- Is your program affiliated with: State/ National / Tribes & Territories / Learn-n-Serve?
- Your Executive Director's Name _____ Phone Number _____ Fax Number _____ (required information)
- Will Part-Time members be enrolled? Yes / No (If "No," go to Question #6)?
- If "Yes," please indicate method of payment: Payroll Deduction / Paid by Program / Other (please explain)
- Have you received your Grant Funding? Yes / No?
- Do you have sub grantees that will need administrative manuals or materials? Yes / No (If "Yes," complete #9)?
- Do you have sub grantees that will submit rosters and pay their own invoices? Yes / No (If "Yes," complete #9)?
- Complete the information below if you answered "Yes" to #7 or #8.

Name of Program	Sub Group or Subgrantee	Mailing Address	City, State, Zip	Telephone	Fax	Contact
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

FAX INFORMATION

Fax #:	803-333-1902	Date:	_____
To:	SRC/AmeriCorps	Of:	SRC 803-333-1137 – Phone
From:	_____	Of:	_____

For SRC Office Use Only

Assigned Program Number	_____
Funding	_____
Date Received	_____



Record keeping by Strategic Resource Company (SRC)

An Aetna Company

Insurance plans are underwritten by Aetna Life Insurance Company

