



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

299 Market Street, Suite 235

Saddle Brook, NJ 07660

Tel: 201-880-9135 Fax: 201-880-9136

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

**Request for CAHC Accreditation Manual**

*(Please print or type all information.)*

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

Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please tell us how you heard about the Commission:

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

- 1. this form*
- 2. a check for \$300 made payable to "Commission on Accreditation for Home Care, Inc."*
- 3. a copy of your agency's current Health Care Service Firm license.*