



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

HFRD Applications and Waivers

Intake

Application

Facility Type: * Personal Care Home (PCH)

Application Type: * Change in Governing Body Name

Existing Facility

Begin typing the facility name or address below. When you see the correct facility in the dropdown list, click on the name to add it to the form.

Search by Name or Street Address 6305 ga

If any information is incorrect please update. If any information is missing please provide as required.

Facility Info

Facility Name only, not Governing Body Name

Facility Name * PRIORITY PERSONAL CARE HOME, LLC

Contact Person: * Daniel Stancea

Contact Phone Number: 678-708-5779
Phone Number Format: xxx-xxx-xxxx

Contact Email: * prioritypersonalch@gmail.com
Please enter valid email address and emails should be separated using ";" to enter multiple emails

Submit Payment

Reference Number: * 202310065

Total Fee: * \$ 300.00

Please enter your contact information below:

Payer Contact Information

First Name: * Daniel

Last Name: * Stancea

Email: * prioritypersonalch@gmail.com

Phone: 678-708-5779

Phone Number Format: xxx-xxx-xxxx

Billing Address

Street Address: * 1119 Dee Kennedy Rd

City: * Auburn

State: * GA

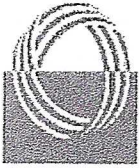
Zip Code: * 30011

***A convenience fee will be charged by a third party processor at checkout:
3.15 % of the total application fee for Credit Card transactions.
\$2 flat fee per transaction for E-check transactions.***

After clicking the "Checkout" button the FirstData Payleap form will load. This system uses TeleCheck to authorize checks. If paying by check, be sure that the first name and last name entered on this form matches the first name and last name on the checking account.

*******IMPORTANT*******

If using a corporate check enter the federal tax id with no dash. A dash in the federal tax id will cause the transaction to be rejected by TeleCheck.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA
PERSONAL CARE HOME PERMIT

This is to certify that a permit is hereby granted to

PRIORITY PERSONAL CARE HOME, LLC

(Name of Governing Body)

to maintain and operate a Personal Care Home with a capacity of 5 named as PRIORITY PERSONAL CARE HOME, LLC

(Name of Facility)

6305 GARDEN LANE

Said facility and premises are located at

in FLOWERY BRANCH 30542 County of HALL

(Zip Code)

(Street)

, Georgia.

Permit Effective Date: Tuesday, November 5, 2019, and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. 31-7-3 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued."

THIS PERMIT IS NOT TRANSFERABLE

PERMIT NO. PCH009942

In Witness Whereof, we have hereunto set our hand this 8TH day of NOVEMBER, 2019

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief