**SCHEDULE A-3: AFFILIATES**

**Name of Child Entity #1**

Street Address of Child Entity #1

City, State ZIP of Child Entity #1

Number of staffed beds / billing providers of Child Entity #1

**Name of Child Entity #2**

Street Address of Child Entity #2

City, State ZIP of Child Entity #2

Number of staffed beds / billing providers of Child Entity #2

**Name of Child Entity #3**

Street Address of Child Entity #3

City, State ZIP of Child Entity #3

Number of staffed beds / billing providers of Child Entity #3

**Name of Child Entity #4**

Street Address of Child Entity #4

City, State ZIP of Child Entity #4

Number of staffed beds / billing providers of Child Entity #4

**Continue adding Entities as needed.**