

APPLICATION FOR A HOME CARE ORGANIZATION LICENSE

FOR DEPARTMENT USE ONLY	REPLY TO:
HOME CARE ORGANIZATION NUMBER: _____	
COUNTY: _____	

1. APPLICANT(S) NAME(S) (PLEASE PRINT) _____ _____ _____	2. REQUESTED ACTION (CHECK ONE) <input type="checkbox"/> A. INITIAL APPLICATION <input type="checkbox"/> D. CHANGE WITHIN CORPORATION <input type="checkbox"/> B. APPLICATION RENEWAL <input type="checkbox"/> E. OTHER (specify) <input type="checkbox"/> C. CHANGE OF LOCATION
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3. APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE ()
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4. **APPLICATION FILED BY:** A. INDIVIDUAL B. PARTNERSHIP C. NON PROFIT CORPORATION G. LIMITED LIABILITY CORPORATION
 D. PROFIT CORPORATION E. COUNTY F. OTHER PUBLIC AGENCY

5. HOME CARE ORGANIZATION NAME	EMAIL ADDRESS	AREA CODE/TELEPHONE ()
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6. HOME CARE ORGANIZATION STREET ADDRESS	CITY	COUNTY	ZIP CODE	ALT. PUBLIC TELEPHONE ()
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7. HOME CARE ORGANIZATION MAILING ADDRESS	CITY	STATE	ZIP CODE
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8. DESIGNEE OF HOME CARE ORGANIZATION	TITLE	9. TOTAL NUMBER OF HOME CARE AIDES
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10. BUSINESS OFFICE HOURS:	11. PROPERTY OWNERSHIP: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (SPECIFY)
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11A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING:

12. WAS THIS HOME CARE ORGANIZATION PREVIOUSLY LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOME CARE ORGANIZATION NAME AND LICENSE NUMBER:
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13. IF CURRENTLY OPERATING ANY COMMUNITY CARE FACILITY, RESIDENTIAL CARE FACILITY, RESIDENTIAL CARE FACILITY FOR THE ELDERLY, RESIDENTIAL CARE FACILITY FOR PERSONS WITH CHRONIC LIFE-THREATENING ILLNESS, CHILD DAY CARE FACILITY, DAY CARE CENTER, FAMILY DAY CARE HOME, EMPLOYER-SPONSORED CHILD CARE CENTER, OR HOME CARE ORGANIZATION, PLEASE ENTER THE INFORMATION BELOW:

FACILITY/HOME CARE ORGANIZATION NAME	FACILITY/HOME CARE ORGANIZATION NUMBER
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

14. HOME CARE ORGANIZATION APPLICANT(S)/HOME CARE ORGANIZATION LICENSEE(S) RESPONSIBILITIES:

a. IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING. I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS DEPARTMENT THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.

b. I/WE HAVE READ AND UNDERSTAND THE STATUTES, WRITTEN DIRECTIVES AND/OR REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OF MY/OUR LICENSE.

c. I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL HAVE A CALIFORNIA DEPARTMENT OF JUSTICE CLEARANCE OR A CRIMINAL RECORD EXEMPTION PRIOR TO EMPLOYMENT, RESIDENCE OR INITIAL PRESENCE IN THE ORGANIZATION AS REQUIRED.

d. I/WE SHALL OBTAIN APPROVAL FROM THE DEPARTMENT PRIOR TO MAKING ANY CHANGE(S) THAT AFFECTS THE TERMS OF THE LICENSE.

15. I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.

16. I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

17. I/WE AM/ARE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE NAMED APPLICANT.

SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____