

12. LIST ALL DIRECTORS (CORPORATION)/MANAGERS AND MANAGING MEMBERS (LIMITED LIABILITY COMPANY). ATTACH SHEET FOR ADDITIONAL SPACE.

NAME	MAILING ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	AREA CODE/TELEPHONE	TERM EXPIRATION DATE
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		()	
		()	
		()	
		()	
		()	
		()	
		()	

II. PUBLIC AGENCY

1. CHECK TYPE OF PUBLIC AGENCY FEDERAL STATE COUNTY CITY OTHER (SPECIFY BELOW)

2. AGENCY PROVIDING SERVICES

2a. AGENCY NAME	ADDRESS	CITY	STATE	ZIP CODE
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2b. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

3. DISTRICT OR AREA TO BE SERVED (ATTACH MAP IF NECESSARY)

4. PLEASE ATTACH A COPY OF RESOLUTION OR LEGAL DOCUMENT AUTHORIZING THIS APPLICATION

III. PARTNERSHIPS

1 ST GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
2 ND GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
3 RD GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
4 TH GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
5 TH GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
CONTACT PERSON		TITLE	AREA CODE/TELEPHONE ()	

IV. OTHER ASSOCIATIONS

OTHER ASSOCIATES MUST ALSO PROVIDE, AND ATTACH TO THIS FORM, A SIMILAR LIST OF PERSONS LEGALLY RESPONSIBLE FOR THE ORGANIZATION, CONTACT PERSON, AND APPROPRIATE LEGAL DOCUMENTS WHICH SET FORTH LEGAL RESPONSIBILITY OF THE ORGANIZATION AND ACCOUNTABILITY FOR OPERATING THE HOME CARE ORGANIZATION.