

IHSS QUALIFIED AGENCY CHANGE OF OWNERSHIP FORM

Existing Business

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

New Business Information

Date of Ownership Change _____

New Business Name _____

New Address _____

New Ownership Type (Sole Proprietor, Profit, Partnership, etc.) _____

Federal Identification Number _____

Names and Addresses of Responsible Parties of New Ownership or Controlling Interest

Name _____	Address _____
Phone _____	Email _____
Name _____	Address _____
Phone _____	Email _____
Name _____	Address _____
Phone _____	Email _____

Identify All Areas That May Be Impacted By The Change In Ownership

Does this change restructure the financial sources of the agency? Yes No If Yes, explain: _____

Does this change include new investors? Yes No If Yes, explain: _____

Does this change result in a relocation? Yes No

Does this change create changes in operating expenses? Yes No If Yes, explain: _____

Does this change result in a change in control? Yes No If Yes, explain: _____

Responsible Party Signatures

“Responsible Party” means an officer or director of the applicant, a shareholder with a beneficial interest in the applicant exceeding ten (10) percent or the person who will be primarily responsible for any contract with the MCHP.

Responsible Party _____ Date _____

Responsible Party _____ Date _____

Responsible Party _____ Date _____