

Application for License to Operate a Home Health Agency, Non-Residential Hospice, or Private Duty Nursing Agency

OIG 004 – June 2014 Edition

I. TYPE OF APPLICATION

(Write or type an X next to all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Initial Licensure | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> Annual Re-licensure | <input type="checkbox"/> Change of Location |
| <input type="checkbox"/> Change in Number of beds | <input type="checkbox"/> Change of Ownership |

II. TYPE OF FACILITY OR SERVICE/CLINIC (Check the facility for which you are applying.)

- Private Duty Nursing Agency (PDNA)
- Home Health Agency (HHA)
- Hospice (HOS) (nonresidential)

III. IDENTIFICATION

License Number _____
(Do not fill in License Number if this is an initial application for licensure)

Name of Facility _____

Physical Location of Facility _____
(Street) (City)

(County) (State) (Zip Code)

Mailing Address _____
(If different from above) (Street) (City)

(County) (State) (Zip Code)

Telephone Number _____

Email Address _____
(Primary contact for correspondence)

Administrator Name _____

Date facility began operating at current address _____

Date facility began operating under current owner _____

For Office Use Only: Check # _____ Amount _____

For home health agencies or non-residential hospice, please follow instructions below.

Initial license application: Under Section A, for additional locations/satellites other than the primary location listed on the previous page, please check the box under “Additional Location or Satellite Requested” for the appropriate level of care. For each location, please complete Section B.

Re-licensure application: Under Section A, report the number of existing locations/satellites under “Number of Locations or Satellites, Not Including Primary Location”. If adding a location, check the appropriate box under “Additional Location or Satellite Requested”, and complete Section B. Provide an attachment to this application as requested under Section C, if needed.

Addition of Location/Satellite application: Under Section A, report the number of existing locations/satellites under the “Number of Locations or Satellites, Not Including Primary Location”, then check the box marked “Additional Location or Satellite Requested”. Under Section B, complete the location information for each additional location/satellite.

A.	NUMBER OF LOCATIONS OR SATELLITES, NOT INCLUDING PRIMARY LOCATION	ADDITIONAL LOCATION OR SATELLITE REQUESTED
Home Health Agency (HHA)	_____	<input type="checkbox"/>
Nonresidential Hospice (HOS)	_____	<input type="checkbox"/>

B. Additional Location Information: (If adding more than one location/satellite, attach to this application the same information as required below for each location.)

Name of Facility _____

Physical Location of Facility _____

(Street) (City)

(County) (State) (Zip Code)

Telephone number _____

(Include Area Code)

Administrator _____

If this is an additional Community Mental Health Center location, detail what services will be provided at the new location: _____

C. For licensure renewals and addition of location/satellites only: Provide a detailed list of each existing location/satellite, not including the primary location, as an attachment to this application. The listing should include the same information requested in part B.

IV. COUNTIES SERVED (Check all counties that your facility serves)

Statewide (do not check individual counties when checking Statewide)

- | | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adair | <input type="checkbox"/> Allen | <input type="checkbox"/> Anderson | <input type="checkbox"/> Ballard | <input type="checkbox"/> Barren | <input type="checkbox"/> Bath |
| <input type="checkbox"/> Bell | <input type="checkbox"/> Boone | <input type="checkbox"/> Bourbon | <input type="checkbox"/> Boyd | <input type="checkbox"/> Boyle | <input type="checkbox"/> Bracken |
| <input type="checkbox"/> Breathitt | <input type="checkbox"/> Breckenridge | <input type="checkbox"/> Bullitt | <input type="checkbox"/> Butler | <input type="checkbox"/> Caldwell | <input type="checkbox"/> Calloway |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Carlisle | <input type="checkbox"/> Carroll | <input type="checkbox"/> Carter | <input type="checkbox"/> Casey | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Clay | <input type="checkbox"/> Clinton | <input type="checkbox"/> Crittenden | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Daviess |
| <input type="checkbox"/> Edmondson | <input type="checkbox"/> Elliott | <input type="checkbox"/> Estill | <input type="checkbox"/> Fayette | <input type="checkbox"/> Fleming | <input type="checkbox"/> Floyd |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Fulton | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Garrard | <input type="checkbox"/> Grant | <input type="checkbox"/> Graves |
| <input type="checkbox"/> Grayson | <input type="checkbox"/> Green | <input type="checkbox"/> Greenup | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardin | <input type="checkbox"/> Harlan |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Hart | <input type="checkbox"/> Henderson | <input type="checkbox"/> Henry | <input type="checkbox"/> Hickman | <input type="checkbox"/> Hopkins |
| <input type="checkbox"/> Jackson | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Jessamine | <input type="checkbox"/> Johnson | <input type="checkbox"/> Kenton | <input type="checkbox"/> Knott |
| <input type="checkbox"/> Knox | <input type="checkbox"/> Larue | <input type="checkbox"/> Laurel | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Lee | <input type="checkbox"/> Leslie |
| <input type="checkbox"/> Letcher | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Livingston | <input type="checkbox"/> Logan | <input type="checkbox"/> Lyon |
| <input type="checkbox"/> Madison | <input type="checkbox"/> Magoffin | <input type="checkbox"/> Marion | <input type="checkbox"/> Marshall | <input type="checkbox"/> Martin | <input type="checkbox"/> Mason |
| <input type="checkbox"/> McCracken | <input type="checkbox"/> McCreary | <input type="checkbox"/> McLean | <input type="checkbox"/> Meade | <input type="checkbox"/> Menifee | <input type="checkbox"/> Mercer |
| <input type="checkbox"/> Metcalfe | <input type="checkbox"/> Monroe | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Morgan | <input type="checkbox"/> Muhlenberg | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> Nicholas | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oldham | <input type="checkbox"/> Owen | <input type="checkbox"/> Owsley | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Perry | <input type="checkbox"/> Pike | <input type="checkbox"/> Powell | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Robertson | <input type="checkbox"/> Rockcastle |
| <input type="checkbox"/> Rowan | <input type="checkbox"/> Russell | <input type="checkbox"/> Scott | <input type="checkbox"/> Shelby | <input type="checkbox"/> Simpson | <input type="checkbox"/> Spencer |
| <input type="checkbox"/> Taylor | <input type="checkbox"/> Todd | <input type="checkbox"/> Trigg | <input type="checkbox"/> Trimble | <input type="checkbox"/> Union | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Washington | <input type="checkbox"/> Wayne | <input type="checkbox"/> Webster | <input type="checkbox"/> Whitley | <input type="checkbox"/> Wolfe | <input type="checkbox"/> Woodford |

V. CONTROL (check one in each column)

- | | | | | | |
|---------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| State | <input type="checkbox"/> | Profit | <input type="checkbox"/> | Individual | <input type="checkbox"/> |
| County | <input type="checkbox"/> | Nonprofit | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| City | <input type="checkbox"/> | | | Corporation | <input type="checkbox"/> |
| Private | <input type="checkbox"/> | | | | |

VI. OWNERSHIP Name and address of direct owner

NOTE: Provide the following supporting documentation as an attachment to this application:

- The name, mailing address, email address and phone number of each person having at least a twenty-five (25) percent ownership interest in the facility;
- If owned by a corporation, the name, mailing address, email address and phone number of each officer or director of the corporation;
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.

I understand that **any change** in the information provided in within this application affecting the licensure status of this facility or service will be reported to the Office of Inspector General and **a new application** will be completed at that time. I agree that this facility/service and all aspects of its operation shall allow all state agency licensure personnel entrance upon its premises for the purpose of inspection. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application may result in denial or revocation of licensure.

Signature of Authorized Representative

Title

Date

Submit the application, fee and supportive documentation to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621