



FOR OFFICE USE ONLY
Check Amount
Check Number
License Expiration

State of Delaware
Office of Health Facilities Licensing and Certification
License Renewal Application for 3380 Hospice License (HSPC)
(Please type)

License ID HSPC -

Provider Legal Name

Doing Business As (DBA)

Agency Address

City

State DE

Zip Code

Agency Phone

Agency Fax

Administrator

Email

Alt. Administrator

Email

Director of Nursing

Email

Delaware Registered Nursing License Number

Expiration Date

Alt. Director of Nursing

Email

Delaware Registered Nursing License Number

Expiration Date

Emergency Contact Name

Emergency Contact Phone

Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Agency Type (Check all that apply)

- | | |
|---------------|------------|
| 1. Private | Public |
| 2. Non-Profit | For-Profit |

Hours of Operation

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Check the county(ies) in which your agency will provide services

New Castle

Kent

Sussex

Hospice Agency Services and Employee Information

Services Provided	Does your company provide these services? Yes or No	Are the services provided by employees of the agency? Yes or No	Number of persons employed in each service	Are the services provided by contractors? Yes or No	Number of contractors providing each service?	Are services provided by both employees and contractors?	Total number of caregivers in each service?
Registered Nurse *							
Licensed Practical Nurse							
Physical Therapy							
Nutritional Services							
Social Services (LCSW) *							
Aide							
Homemaker							
Companion Services							
Durable Medical Equipment							
Physician Services *							
Ordained Clergy							
Pastoral Counseling *							
Trained Volunteer Services *							
Other (please list):							
*Required							

