



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Health Facilities Licensing & Certification
263 Chapman Road, Suite 200
Newark, DE 19702 Phone 302-292-3930

Interested Provider Receipt of Acknowledgement

I have reviewed the regulations for the following (circle one):

Adult Day Care (ADC) **Home Health Agency Skilled (HHAS)** **Home Health Agency Aide Only (HHA AO)** **Hospice (HSPC)** **Personal Assistance Service Agency (PASA)**

I acknowledge receipt of the following:

☐ Document Compliance Submission Checklist

I recognize that all staff, including office and support staff, administrative positions and any business entity providing services on behalf of the agency (if applicable) MUST have the following completed as a condition of hire and evidence MUST exist in her/his personnel record:

Requirement	Agency that can provide you with guidelines	ADC	HHAS	HHA AO	HSPC	PASA
1. Criminal Background Checks	Division of Health Care Quality (DHCQ) Background Check Center (BCC)		X	X	X	X
2. Pre-employment Drug Testing	(DHCQ) BCC		X	X	X	X
3. Adult Abuse Registry Check	(DHCQ) BCC and Adult Abuse Registry	X	X	X	X	X
4. Child Abuse Registry Check	Department of Children Youth and their Families	X	X	X	X	X
5. Service Letters	Department of Labor	X	X	X	X	X

Agency Name: _____ Date: _____

Agency Representative(s):

_____	_____
Print Name	Job Title/Position
_____	_____
Signature	Date
_____	_____
Print Name	Job Title/Position
_____	_____
Signature	Date

cc: File
 Applicant