

Please type all responses in the application materials. Handwritten submissions will not be accepted.

Dear Applicant:

The following series of documents contain the application materials for a Home Health Agency.

Please note that all questions must be answered, and all requested supporting documentation must be provided. Please label all the exhibits.

If you fail to submit all the requested information, the application materials will be returned to you.

If you submit a complete application, including all the required supporting documentation, an email will be sent to the contact email listed on the application. Do not include information not specifically requested.

If your application is in accordance with Delaware Home Health Agency rules and regulations, the Division of Health Care Quality will issue you a license. Please keep in mind the length of time for the licensure process depends upon the accuracy of the information provided.

If it is determined that corrections need to be made to the information you submitted, an email will be sent to the email address you provide in the application materials. You will be given **30 days** from the date of the email to resubmit revisions to your policies. Failure to resubmit in a timely fashion will result in your application being withdrawn from consideration.

Sincerely,

The Office of Health Facilities Licensing & Certification