



FOR OFFICE USE ONLY

Check Amount

Check Number

License ID HHAS-

State of Delaware

Office of Health Facilities Licensing and Certification

Part 1 Initial Licensure Application for 3350 Home Health Agency Skilled (HHAS)

(Please type)

Provider Legal Name

Doing Business As (DBA)

Please attach the most current copy of the following (Documents should be labeled with the noted Attachment identifier. For example, the " List showing the names..." should be labeled "Exhibit A").

- Exhibit A - List of Services.
- Exhibit B - Organizational Chart(s).
- Exhibit C – List of Governing body members
- Exhibit D - List showing the names, addresses and percent of interest of each officer, director and owners having an interest in the agency (complete "Ownership Interest" included).
- Exhibit E - Name, addresses & types of agencies owned or managed by the applicant (Reg. 2.2.2.1).

Application is made to operate a Skilled Home Health Agency (HHAS) in accordance with 16 Del. C. Code §122(3)(o) and the Department of Health and Social Services Skilled Home Health Agencies (HHAS) Regulations (3350).

I affirm that all the information provided herein is complete and true. I further agree to conduct said agency in accordance with laws of the State of Delaware and with the rules and regulations of the Delaware Division of Health Care Quality.

Name of the person completing the form

Title

Email

Phone

Signature

Date

Ownership Interest

Name	Address	% Ownership Interest
		Total = 100%

Certified bank check or money order should be made payable to **State of Delaware**

Initial Licensure Fee \$500.00

Please type and return the application with the licensure fee and Document Compliance Binder to

**Office of Health Facilities Licensing and Certification
263 Chapman Road, Suite 200
Newark, DE 19702**

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Application Reviewed & Approved By

Date

Rev. 10-31-2022