FOR OFFICE USE ONLY

Check Amount _____

Check Number _____

License ID HSPC- _____

State of Delaware

Office of Health Facilities Licensing and Certification

Part 1 Licensure Application for 3380 Hospice (HSPC)

(Please type)

Provider Legal Name _____

Doing Business As (DBA) _____

Services Provided Free Standing ☐ Home Care ☐

# of Beds

Inpatient Beds

Licensed Beds

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 1B").

- Exhibit 1A - List of Services.
- Exhibit 1B - Organizational Chart(s).
- Exhibit 1C - List of Governing body members
- Exhibit 1D - 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 1E - Name, addresses & types of agencies owned or managed by the applicant.

Application is made to operate a Hospice in accordance with 16 Del. C. Code §122(3)(m) and the Department of Health and Social Services Delivery of Hospice Services (3380).

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
		0 %

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

Initial Licensure Fee $100.00

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