

Initial Home Care Agency / Registry Licensure Application Checklist

COMPLETE AND SUBMIT THIS CHECKLIST WITH YOUR APPLICATION

Checklist

- _____ Completed Home Care Licensure Application **with payment (\$100)**
_____ **Signed / Dated**

- _____ Completed Pennsylvania Disclosure of Ownership form
_____ **Signed / Dated**

- _____ Completed Initial written survey
_____ **All attachments included**

- _____ Completed Pennsylvania Civil Rights Survey
_____ **Policies / requested documents attached**

- _____ As a separate packet, answer in detail and provide supporting documentation as directed, for the “Information Requested of Health Care Providers Applying for a License”. This information will be forwarded to our office of legal counsel for review.
_____ **Attachments included**

- _____ Print name and phone number of individual to contact if there are questions about the application

NAME: _____ Phone # _____

Please indicate your normal office hours below:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____