

HOME SERVICE SALON REQUIREMENTS and INFORMATION

REQUIREMENTS:

38-10,121. Home services permit; requirements.

In order to maintain in good standing or renew its home services permit, a salon shall at all times operate in accordance with all requirements for operation, maintain its license in good standing, and comply with the following requirements:

- (1)(a) Clients receiving home services shall be in emergency or persistent circumstances which shall generally be defined as any condition sufficiently immobilizing to prevent the client from leaving his or her residence regularly to conduct routine affairs of daily living such as grocery shopping, visiting friends and relatives, attending social events, attending worship services, and other similar activities.
- (1)(b) Emergency or persistent circumstances may include such conditions or situations as:
 - (i) Chronic illness or injury leaving the client bedridden or with severely restricted mobility;
 - (ii) Extreme general infirmity such as that associated with the aging process;
 - (iii) Temporary conditions including, but not limited to, immobilizing injury and recuperation from serious illness or surgery;
 - (iv) Having sole responsibility for the care of an invalid dependent or a mentally disabled person requiring constant attention;
 - (v) Mental disability that significantly limits the client in areas of functioning described in subdivision (1)(a) of this section; or
 - (vi) Any other conditions that, in the opinion of the department, meet the general definition of emergency or persistent circumstances.
- (2) The salon shall determine that each person receiving home services meets the requirements of item (1) above:
 - (a) Complete a client information form supplied by the department before home services may be provided to any client; and
 - (b) Keep on file the client information forms of all clients it is currently providing with home services or to whom it has provided such services within the past two years;
- (3) The salon shall employ or contract with persons licensed under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act to provide home services and shall not permit any person to perform any home services under its authority for which he or she is not licensed;
- (4) No client shall be left unattended while any chemical service is in progress or while any electrical appliance is in use; and
- (5) Each salon providing home services shall post a daily itinerary for each licensee providing home services. The kit for each licensee shall be available for inspection at the salon or at the home of the client receiving services.

38-10,122. Home services; inspections.

Agents of the department may make operation inspections in the homes of clients if such inspections are limited to the activities, procedures, and materials of the licensee providing home services.

38-10,123. Home services; requirements.

No licensee may perform home services except when employed by or under contract to a salon holding a valid home services permit.

38-10,124. Home services permit; renewal; revocation or expiration; effect.

Each home services permit shall be subject to renewal at the same time as the salon license and shall be renewed upon request of the permit holder if the salon is operating its home services in compliance with the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act and if the salon license is renewed. No permit that has been revoked or expired may be reinstated or transferred to another owner or location.

38-10,125. Home services permit; owner; liability.

The owner of each salon holding a home services permit shall have full responsibility for ensuring that the home services are provided in compliance with all applicable laws and rules and regulations and shall be liable for any violations which occur.

**APPLICATION
HOME SERVICES SALON**

For Office Use Only

License #:

Issued:

Expires:

Licensure Unit
301 Centennial Mall South
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402-471-4977 dhhs.licensure2117@nebraska.gov)

FEE: \$118
OR (if issued within 6 months of the salon renewal, the fee is \$29.50)

Pay by check or money order to: Licensure Unit
Your cancelled check is your proof of payment.
Payment is processed upon receipt.
We are unable to accept electronic payments.

SECTION A: SALON INFORMATION

1	Name of Salon Attached to Home Service Permit:			
2	Salon Address:	Street:		
		City:	State:	Zip:
3.	Salon Owners:	Names:		
3	Salon Lic #:	Phone #		
		Email:		
4	Name and Lic # of each Person Employed by the Salon to Provide Home Services:	Names:		Lic #"

Attached the following document: A copy of the application or policy for liability insurance or bonding.

SECTION B: HOME SERVICES PROVIDE PRIOR TO CREDENTIAL

An individual who operates a salon that provides home services prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.

1	Have YOU provided HOME SERVICES in Nebraska prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer yes, what are the number of days you provided HOME SERVICES:		# of days: _____

SECTION C: APPLICATION ATTESTATION

I attest that:

1. Client Information Forms will be kept on file in the salon for 2 years.
2. The Home Services Kit will be kept in the salon except when being used in a client's home.
3. A daily itinerary for each licensee providing home services shall be posted.
4. I will comply with all the provisions of the Nebraska Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act and applicable Rules and Regulations.
5. I am responsible for the Licensees that are under contract or employed by me to perform home services.
6. I understand that the Home Services Permit is not transferable to another person or another location. If any such change occurs, a new application and fee must be submitted for approval by the department.

Signature of Owner

Date

Signature of Owner

Date

Cosmetology Home Services Client Information Form

I, _____, hereby apply to receive cosmetology services in my home from the
 (Name of Client)

following cosmetology establishment:

Salon Name		
Salon Address	Address	
City/Zip	City	Zip

Reason for Services must meet the following: Clients receiving home services must be in emergency circumstances which is generally defined as any condition sufficiently immobilizing to prevent the client from leaving his or her residence regularly to conduct routine affairs of daily living such as grocery shopping, visiting friends and relatives, attending social events, attending worship services, and other similar activities.

Check the applicable emergency circumstances for the requested services:

	Chronic illness or injury leaving the client bedridden or with severely restricted mobility
	Extreme general infirmity such as that associated with the aging process
	Temporary conditions including, but not limited to, immobilizing injury and recuperation from serious illness or surgery
	Having sole responsibility for the care of an invalid dependent or a mentally disabled person requiring constant attention
	Mental disability that significantly limits the client in areas of functioning described in subdivision (1)(a) of this section
	Other: provide information relating to the condition that meets the reason for home services listed above:

Expected duration of emergency circumstances: _____

Client's Statement:

I understand that the cosmetology establishment named in this application may provide cosmetology services to me in my home for as long as I reside there and am unable to travel to a cosmetology salon. I also understand that it is necessary to ensure that the cosmetologist is following all the appropriate rules of sanitation of the Nebraska Health & Human Services System. Therefore, I give my informed consent authorizing representatives of the Department to observe at any time, without prior notice, the performance of cosmetology services in my home by a cosmetologist from the above establishment.

 Date

 Signature of Client