

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT

Check one:
 Initial License
 Change of Location
 Change of Ownership

Initial Licensure Fee: \$650

Home Health Agency Licensure Application
IDENTIFYING INFORMATION

1. FULL NAME OF FACILITY: _____ Phone: (Area Code) + Number
ADDRESS: _____ (Street Address, City, State, Zip) Fax: (Area Code) + Number
Email address: _____
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____ (If Not Individual)
3. ADMINISTRATOR: _____
4. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____
5. SERVICES PROVIDED:
____ Nursing ____ Occupational Therapy ____ Dialysis
____ Home Health Aide ____ Respiratory Therapy ____ Speech Therapy
____ Physical Therapy ____ Social Work Practice ____ Intravenous Therapy
____ Other: Please List: _____
6. GEOGRAPHICAL AREA SERVED: (Counties) _____
7. BRANCH OFFICE(S) AT LOCATION DIFFERENT FROM PARENT AGENCY (if any – include street address and city): _____
8. STARTING DATE OF OPERATION: _____
9. ACCREDITING AGENCY: (If applicable) Please check JCAHO _____ CHAP _____
10. CERTIFICATION: (If applicable) Please check Medicare _____ Medicaid _____

OWNERSHIP INFORMATION

11. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)
ADDRESS: _____
(Street Address, City, State, Zip)
12. MAILING ADDRESS OF OWNERSHIP: _____
(If Different Than Above)
13. BUSINESS ORGANIZATION: (Check one)
____ Sole Proprietorship
____ Partnership
____ Limited Partnership
____ Corporation
____ Limited Liability Company
____ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
____ Other (Please Specify) _____

Financial Category
 Profit
 Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license. **PLEASE NOTE:** Neb.Rev.Stat. Section 71-433 requires: **Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.**

Sign Here _____
PRINT - AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE SIGNATURE DATE

Sign Here _____
PRINT - AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE SIGNATURE DATE