

Check one:	
<input type="checkbox"/>	Initial License
<input type="checkbox"/>	Change of Location
<input type="checkbox"/>	Change of Ownership

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

Initial Licensure Fees:
 For other than inpatient: \$450.00
 For inpatient hospice: \$650.00

**Hospice Service Licensure Application
 IDENTIFYING INFORMATION**

1. FACILITY NAME, ADDRESS, EMAIL, PHONE AND FAX NUMBERS:

 Legal Name of Facility (Doing Business As Name)

 Facility Street Address

 City, State, Zip

PHONE: _____ FAX: _____
 (Area Code) Phone Number (Area Code) Phone 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. GEOGRAPHICAL AREA SERVED: (Counties) _____

6. INPATIENT BEDS: (Specify number, if applicable) _____

7. STARTING DATE OF OPERATION: _____

8. ACCREDITING AGENCY: (If applicable) Please check TJC _____ CHAP _____

9. CERTIFICATION: (If applicable) Please check Medicare _____ Medicaid _____

OWNERSHIP INFORMATION

10. OWNERSHIP OF FACILITY: _____
 (Legal Name of Individual or Business Organization)

ADDRESS: _____
 (Street Address, City, State, Zip)

11. MAILING ADDRESS OF OWNERSHIP: _____
 (If Different Than Above)

12. 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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	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 DATE AUTHORIZED REPRESENTATIVE SIGNATURE DATE

Sign Here _____
 PRINT - AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE SIGNATURE DATE