

Initial Licensure fees: For other than inpatient: \$450.00 For inpatient hospice: \$650

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

Hospice Initial Application
IDENTIFYING INFORMATION

- FULL NAME OF FACILITY: _____
 ADDRESS: _____
 (Street Address, City, State, Zip)
 Area Code _____ Phone Number _____
 Email Address: _____
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
 (If Not Individual)
- ADMINISTRATOR: _____
- PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

- GEOGRAPHICAL AREA SERVED: (Counties) _____

- INPATIENT BEDS: (Specify number, if applicable) _____
- STARTING DATE OF OPERATION: _____
- ACCREDITING AGENCY: (If applicable) Please check JCAHO _____ CHAP _____
- CERTIFICATION: (If applicable) Please check Medicare _____ Medicaid _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: _____
 (Legal Name of Individual or Business Organization)
 ADDRESS: _____
 (Street Address, City, State, Zip)
- MAILING ADDRESS OF OWNERSHIP: _____
 (If Different Than Above)
- BUSINESS ORGANIZATION: (Check one)

Financial Category	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit

 _____ Sole Proprietorship
 _____ Partnership
 _____ Limited Partnership
 _____ Corporation
 _____ Limited Liability Company
 _____ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
 _____ Other (Please Specify) _____

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 _____	AUTHORIZED REPRESENTATIVE _____	DATE _____	AUTHORIZED REPRESENTATIVE _____	DATE _____
Sign Here _____	AUTHORIZED REPRESENTATIVE _____	DATE _____	AUTHORIZED REPRESENTATIVE _____	DATE _____