



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

Expiration Date

01/31/2013

Home Health Agency Renewal Application
IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
[Blank lines for address]

2. PREFERRED MAILING ADDRESS (If different from facility address) FOR THE RECEIPT OF OFFICAL NOTICES FROM THIS DEPARTMENT
[Blank lines for address]

LICENSE NUMBER:
TELEPHONE NUMBER WITH AREA CODE:
FAX NUMBER WITH AREA CODE:
ADMINISTRATOR:
EMAIL ADDRESS:

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF UNDUPLICATED PATIENT ADMISSIONS INTHE PAST YEAR: FEE AMOUNT:
5. GEOGRAPHIC AREAS SERVED (list any changes by County and effective date of change)

6. ARE YOU REQUESTING DEEMED COMPLIANCE FOR THIS RENEWAL PERIOD? YES NO
If yes, indicate the accrediting Agency: JCAHO CHAP ACHC CERTIFICATION-Medicare and/or Medicaid

7. CURRENT APPROVED SERVICES PROVIDED (if any changes please put effective date of change)
Nursing, Home Health Aide, Occupational Therapy, Physical Therapy, Intravenous Therapy, Dialysis, Respiratory Therapy, Speech Therapy, Social Work Practice, Other:

BRANCH OFFICE(S) AT LOCATION DIFFERENT FROM PARENT AGENCY (if any - include street address and city):

OWNERSHIP INFORMATION

8. OWNERSHIP OF FACILITY: (Legal Name of Individual or Business Organization)
ADDRESS: (Street Address, City, State, Zip)

9. BUSINESS ORGANIZATION: (Check one)
Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company, Governmental, Other
Financial Category: Profit, Non Profit
State, District, County, City or Municipal

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
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