



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: ADDRESS: Phone: (Area Code) + Number
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: ADDRESS: (Legal Name of Individual or Business Organization) (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

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