APPLICATION FOR LICENSE TO OPERATE A HOME HEALTH AGENCY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH FACILITIES
SFN 8022 (11-10)

DEPARTMENT USE ONLY

License Number

Telephone 701.328.2352

INSTRUCTIONS: Type or print clearly. Return one completed, notarized copy to: ND Department of Health, Division of Health Facilities, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505-0200. Keep a copy for your records.

Official Name of Home Health Agency			NPI Number	
Street Address	City		State	Zip Code
Mailing Address	City		State	Zip Code
County	Business Telephone Number	Fax Number		
E-Mail Contact	E-Mail Address			

TYPE OF APPLICATION

☐ Initial ☐ Renewal ☐ Change of Facility Ownership ☐ Bed Capacity Change ☐ Name Change
☐ Location Change ☐ Change in Services ☐ Change in Facility Operator ☐ Other Change:

MANAGEMENT AND PERSONNEL

TYPE OF CONTROL (Check One)				
GOVERNMENTAL	☐ State	☐ County	☐ County & City	☐ Municipal
NONPROFIT	☐ Association	☐ Corporation		
PROPRIETARY	☐ Individual	☐ Partnership	☐ Corporation	

Name of Legal Entity Responsible for Operation (as registered with the ND Secretary of State)			
Mailing Address	City	State	Zip Code

Has ownership of this home health agency changed in the last twelve months? ☐ No ☐ Yes	Has the legal entity responsible for operation of this home health agency changed in the last twelve months? ☐ No ☐ Yes	Do any owners have a 5% or more financial interest in the home health agency? ☐ No ☐ Yes
NAME OF OWNERS	ADDRESS	OFFICIAL POSITION

Name of Chairman of Governing Body			
Mailing Address	City	State	Zip Code
Name of Director of Home Health Agency			
Nurse Supervisor	License Number		
Name and Title of Emergency Contact	Emergency Contact's Cell Phone Number		

Area Served (list city, county, etc.)
Subunit Locations (See definition below)
Branch Office Locations (see definition below)
Services Provided at Each Location

SIGNATURES AND AFFIDAVIT

NOTE: The person signing the application cannot be less than 18 years of age. The administrator of the home health agency shall not sign the application unless he/she is also a board member. The application must be signed by official {s} of the entity responsible for the operation of the home health agency. (If sole proprietorship, the owner shall sign the application; if a corporation, two of its officers shall sign; if a state, county, or municipal unit the application is to be signed by the head of the department having jurisdiction over the home health agency.)

The undersigned hereby makes application for a license to operate a home health agency subject to the provisions of North Dakota Century Code Chapter 23-17.3 and to the rules and standards adopted by the State Health Council of the North Dakota Department of Health. We declare that we have examined this application and all attachments and that to the best of our knowledge and belief, this information is true, correct, and complete. We will notify the Department of Health in writing of any changes in this information within thirty (30) days of any such change.

_____ _____
Signature Date

_____ _____
Signature Date

State of _____)
) SS.
County of _____)

On this _____day of _____, 20_____, before me personally

appeared_____who having been sworn states that to the best of his/her knowledge and beliefs the statements in the foregoing application are true.

_____
Notary Public

(Seal)

My commission expires_____

DEFINITIONS

Home Health Agency: A public or private agency, organization, facility, or subdivision which is engaged in providing home services to individuals and families where they are presently residing for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability.

Subunit: (For Title XVIII Certification Purposes) A semi-autonomous organization, which serves patients in a geographic area different from that of the parent agency. The subunit by virtue of the distance between it and the parent agency is judged incapable of sharing administration, supervision, and services on a daily basis with the parent agency and must, therefore, independently meet the conditions of participation for home health agencies.

Branch Office: (For Title XVIII Certification Purposes) A location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.