

## HOME CARE ORGANIZATION LICENSEE APPLICANT INFORMATION

This form must be completed by all applicants for a Home Care Organization license (i.e., each individual applicant, each partner in a partnership, the chief executive officer in a corporation, each person who owns ten percent or more of a corporation or limited liability company applying for licensure, and the manager of a manager-managed limited liability company). If more space is required, attach additional sheets as necessary. Please type or print clearly. For instructions on how to complete this form, please refer to the Application Instructions for a Home Care Organization License (HCS 281), available at <https://www.cdss.ca.gov/inforesources/forms-brochures>.

<b>IDENTIFYING INFORMATION</b>	
Name:	Telephone Number:
Title:	Date of Birth:
Other Name(s) Used By Home Care Organization Applicant:	Social Security Number (Voluntary)*:
Home Address:	
Identity Document Type: <input type="checkbox"/> California Driver's License <input type="checkbox"/> California Identification Card <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Identification Card From Another State (Issuing State: _____ )	Identity Document Number:
<b>PRIOR LICENSURE STATUS</b>	
<b>STATUS OF DISCIPLINARY ACTIONS</b>	
A. Have you ever been revoked, denied, excluded, forfeited, or had other disciplinary action taken against you, or do you have an administrative or other in-progress legal action being taken against you as an applicant, licensee, board member, executive director, officer, volunteer, licensee or employee of a: licensed clinic, health care facility, community care facility, residential care facility for persons with chronic life-threatening illness, residential care facility for the elderly, certified family home, resource family, child day care facility, day care center, family day care home, employer-sponsored child care center, or home care organization; or as a home care aide, home care aide applicant, or TrustLine Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete A1 – A5 below).</i>	
A1. Name and Address of Facility/Home Care Organization/Licensed Clinic:	
A2. Effective Dates of Licensure: _____ To _____	A3. Facility Number:
A4. Please explain the actions taken.	
A5. How was the action(s) resolved?	

<b>STATUS OF LICENSE/REGISTRATION</b>	
<p>B. Do you have prior or present service as an administrator, general partner, corporate officer, or director in a community care facility, residential care facility for persons with chronic life-threatening illness, residential care facility for the elderly, child day care facility, day care center, family day care home, employer-sponsored child care center, or home care organization?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(If yes, complete B1 – B3 below).</i></p>	
<p>B1. Name and Address of Facility/Home Care Organization:</p>	
<p>B2. Effective Dates of Licensure: _____ To _____</p>	<p>B3. Facility Number:</p>
<p>C. Have you ever held or currently hold a beneficial ownership interest of 10% or more in a community care facility, residential care facility for persons with chronic life-threatening illness, residential care facility for the elderly, child day care facility, day care center, family day care home, employer-sponsored child care center, or home care organization?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(If yes, complete C1 – C3 below.)</i></p>	
<p>C1. Name and Address of Facility/Home Care Organization:</p>	
<p>C2. Effective Dates of Licensure: _____ To _____</p>	<p>C3. Facility Number:</p>
<p>D. Have you ever been registered with the TrustLine registry program?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	

<b>I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE</b>	
<p>Signature:</p>	<p>Date:</p>
<p>County Where Signed:</p>	
<p><b>*Used for identification purposes only. Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.</b></p>	