

BOARD OF DIRECTORS STATEMENT

IMPORTANT– Licensees are required to provide evidence that each member of the board of directors understands his or her legal duties and obligations as a member of the board of directors and that the Home Care Organization’s operation is governed by the laws and regulations that are enforced by the Department.

Each member and prospective member of the board is required to read, complete, and sign the statement below as a condition of licensure.

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>

I declare that I have I have read and understand my legal duties and obligations as a member or prospective member of the board of directors and I also understand that the Home Care Organization’s operation is governed by Health and Safety Code Division 2, Chapter 13, enforced by the California Department of Social Services.

1. Home Care Organization Name		2. Home Care Organization Number	
3. Board Member Name		4. Telephone	
5. Board Member Home Address	6. City	7. State	8. Zip Code
9. Signature		10. Date	