

## APPLICATION FOR A HOME CARE ORGANIZATION LICENSE

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>.

Home Care Organization Number (If Known):			County:		
1. Applicant(s) Name(s) (Please Print): _____ _____ _____			2. Requested Action (Check One): <input type="checkbox"/> A. Initial Application <input type="checkbox"/> B. Application Renewal <input type="checkbox"/> C. Change Of Location <input type="checkbox"/> D. Change Within Corporation <input type="checkbox"/> E. Sale <input type="checkbox"/> F. Other (Specify)		
3. Applicant Mailing Address:	City:	State:	Zip Code:	Licensee Phone: ( )	
4. <b>Application Filed By:</b> <input type="checkbox"/> A. Individual <input type="checkbox"/> B. Partnership <input type="checkbox"/> C. Non Profit Corporation <input type="checkbox"/> D. Profit Corporation <input type="checkbox"/> E. County <input type="checkbox"/> F. Other Public Agency <input type="checkbox"/> G. Limited Liability Company					
5. Home Care Organization Name:			Email Address:		HCO Phone: ( )
6. Home Care Organization Street Address:	City:	County:	Zip Code:	Alt. Public Phone: ( )	
7. Home Care Organization Mailing Address:	City:		State:	Zip Code:	
8. Designee Of Home Care Organization:			Title:		
9. Business Office Hours:			10. Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (Specify)		
10A. Name, Address and Phone Number of Property Owner, If Renting or Leasing:					
11. Was this Home Care Organization previously licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Home Care Organization name and license number:		

12. If currently operating any community care facility, residential care facility, residential care facility for the elderly, residential care facility for persons with chronic life-threatening illness, 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, please enter the information below:

Facility/Home Care Organization Name	Facility/Home Care Organization Number
A.	
B.	
C.	
D.	

13. Home Care Organization applicant(s)/Home Care Organization licensee(s) responsibilities:

- a. In addition to complying with the state laws applicable to Home Care Organization licensing, I/we understand that there may be other federal and/or local laws which are not enforced by the California Department of Social Services but that may need to be met including, but not limited to: zoning, building, sanitation and labor requirements.
- b. I/we have read and understand the statutes and/or regulations which pertain to the Home Care Organization licensing category prior to the issuance of the Home Care Organization license.
- c. I/we shall ensure that each person subject to fingerprint requirements shall have a criminal record clearance or a criminal record exemption prior to contact with clients, prospective clients, or confidential client information of the Home Care Organization.
- d. I/we shall obtain approval from the California Department of Social Services prior to making any change(s) that affects the terms of the license.

14. I/we understand that I/we have the right to appeal any decision regarding the disposition of this application.

15. I/we declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to the best of my/our knowledge.

16. I/we am/are authorized to sign this application on behalf of the named applicant.

Signed:	Title:	County Where Signed:	Date:
Signed:	Title:	County Where Signed:	Date:
Signed:	Title:	County Where Signed:	Date: