

DESIGNATION OF HOME CARE ORGANIZATION RESPONSIBILITY

Home Care Organizations are required to have a licensee or designee continuously present during business hours to represent the Home Care Organization and perform administrative processes, which include but are not limited to: managing the Home Care Organization, responding to questions, and receiving documents from the California Department of Social Services (Department), including reports of inspections and consultations, accusations, and civil penalties. Home Care Organization applicants/Home Care Organization licensees shall use this form to designate the above authority to appropriate staff member(s). More than one staff member may be designated on this form. Home Care Organization applicants/Home Care Organization licensees who are corporations shall attach board resolutions authorizing this designation. All individuals listed on this form must obtain a background clearance or exemption from the Department and be associated to the Home Care Organization. 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 Name		Home Care Organization Number (If Known)		
Home Care Organization Address	City	State	Zip Code	
County	Telephone			

In signing, I, the named Designee, listed below, understand my roles and responsibilities as a designee for the above-named Home Care Organization. I also understand that the Home Care Organization operation is governed by laws and regulations that are enforced by the California Department of Social Services.

Printed Name of Designee	Personnel/ Registration ID Number (PER ID)	Signature of Designee	Date

In signing, I, the named Applicant/Licensee, listed below, authorize the named designee(s) to perform administrative processes on my behalf at the above-named Home Care Organization, including but not limited to: managing the Home Care Organization, responding to questions, receiving documents including reports of inspections and consultations, accusations, and civil penalties. I shall notify the Department, in writing, within 10 calendar days of any change.

Name of Applicant/Licensee	Signature of Applicant/Licensee	Date