

Initial Application

Required Documents

ONLINE APPLICATION PDF FORM

- Embedded and generated by online system

LICENSEE/BUSINESS ENTITY INFORMATION

- Organizational chart displaying the following information: applicant's owners, directors, board members, corporate officers, LLC members/managers, and partners.
 - The organization chart needs to include all entities that have 5% or more direct and indirect ownership
- Foreign or out of state corporations, LLCs, and partnerships need to submit Certificate of Qualifications from the California Secretary of State

ENTITY ORGANIZATION

- Filing Statement from the Secretary of State
- Please submit the following documents based on the applicable ownership type:
 - **Corporation** - Submit Articles of Incorporation and By-Laws
 - **LLC** - Submit Articles of Organization and Operating Agreement
 - **Public Agency** - Submit Copy of signed Resolution
 - **Partnership** - Submit Copy of signed Partnership Agreement
- List of Board of Directors

FACILITY DIRECTOR OF NURSING

- Resume for the Director of Nursing

FACILITY PROPERTY INFORMATION – ONSITE

- Copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee
- Department of Health Care Access and Information (HCAI) Certificate of Occupancy (CO), Construction Final (CF), or Substantial Completion (SC)
- [STD 850](#) form - Fire Safety Inspection Request or a document that contains the fire inspector's contact information (name, email, and address)
- Floor plan that includes a schematic of the room(s)

FACILITY PROPERTY INFORMATION – OFFSITE (Only applicable for addition of offsite services)

- Copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee
- Certificate of Occupancy from the local building authority
- [CDPH 270](#) form - Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital
- [STD 850](#) form - Fire Safety Inspection Request or a document that contains the fire inspector's contact information (name, email, and address)
- Floor plan that includes a schematic of the room(s)

MOBILE UNITS (Only applicable for addition of mobile units)

- Documentation/letter approval from the local planning/zoning agency
- Department of Health Care Access and Information (HCAI) Certificate of Occupancy (CO), Construction Final (CF), or Substantial Completion (SC)
- Letter verifying the mobile unit is self-contained (only when applicable)
- Copy of vehicle registration, including ID, vehicle type and manufacturer (Not applicable for modular units)
- Copy of Department of Housing & Community Development (HCD) Insignia or "Inspection Approval"

- [STD 850](#) form - Fire Safety Inspection Request or a document that contains the fire inspector's contact information (name, email, and address)
- Schematic displaying the location of the mobile unit on the facility property

PATIENT MONEY AFFIDAVIT (Only required when applicable)

- [HS 402](#) form - Surety Bond Verification
- [HS 400](#) form - Affidavit Regarding Patient Money

SUBCONTRACTOR INFORMATION (Only required when applicable)

- Copy of any written agreement(s) that Licensee/Business Entity has with the subcontractor that relate to its functions/responsibilities

FACILITY INFORMATION – MEDICARE CERTIFICATION DOCUMENTS (Only applicable for Medicare Certification)

- [CMS 1561](#) form - Health Insurance Benefit Agreement
- [HS 328](#) form - Notice-Effective Date of Provider Agreement
- [HHS 690](#) form - Assurance of Compliance (Submit a verification from the Office of Civil Rights displaying submission of this form)

FACILITY INFORMATION – MEDI-CAL CERTIFICATION DOCUMENTS (Only applicable for Medi-Cal Certification)

- [DHCS 9098](#) form – Medi-Cal Provider Agreement
- [DHCS 6207](#) form – Medi-Cal Disclosure Statement (Only submit Section V – Subcontractor Information and Significant Business Transactions)
- One of the following Internal Revenue Service tax documents:
 - Form 941 – Employer's Quarterly Federal Tax Return
 - Form 8109-C – FTD Address Change
 - Letter 147-C – EIN Verification Letter
 - Form SS-4 – Application for Employer Identification Number
- [HS 328](#) form - Notice-Effective Date of Provider Agreement