

INTENT TO APPLY FOR A HOME CARE ORGANIZATION LICENSE

California Health and Safety Code Section 1796.61(b) allows Home Care Organization applicants who submit applications prior to January 1, 2016, to continue providing services while going through the application process. Home Care Organization applicants shall use this form to meet the requirements of this section. This form must be submitted to the Home Care Services Bureau on or before December 31, 2015. In addition, a completed application package with the \$5,165 application fee must be submitted to the Home Care Services Bureau by March 1, 2016. Please note that the \$5,165 application fee is not required with this intent form. For instructions on how to complete this form refer to page two.

For Department Use Only	
HOME CARE ORGANIZATION NUMBER	
COUNTY	
APPLICATION FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE FILED
FEES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT

APPLICANT NAME			AREA CODE/TELEPHONE ()
APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE

APPLICATION A. INDIVIDUAL B. PARTNERSHIP C. NON PROFIT CORPORATION D. PROFIT CORPORATION
INTENT FILED BY: E. COUNTY F. OTHER PUBLIC AGENCY G. LIMITED LIABILITY CORPORATION

HOME CARE ORGANIZATION NAME	EMAIL ADDRESS		AREA CODE/TELEPHONE ()
HOME CARE ORGANIZATION STREET ADDRESS	CITY	COUNTY	ZIP CODE ALT. PUBLIC TELEPHONE ()
HOME CARE ORGANIZATION MAILING ADDRESS	CITY	STATE	ZIP CODE
DESIGNEE/REPRESENTATIVE OF HOME CARE ORGANIZATION	TITLE	TOTAL NUMBER OF HOME CARE AIDES	

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS INTENT APPLICATION ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE OF HOME CARE ORGANIZATION APPLICANT	DATE
NAME OF HOME CARE ORGANIZATION APPLICANT	TITLE

APPLICATION INTENT INSTRUCTIONS

Please type or print clearly and ensure that the form is filled out completely.

- **Applicant(s):** Enter the name(s) of the person(s) or organization legally responsible for the Home Care Organization. Enter full names (Individuals enter first, middle name, and last name). Please enter the area code with telephone number of the applicant.
- **Applicant Mailing Address:** Enter legal mailing address of individual(s), headquarters mailing address of corporations, and principal business mailing address of major partner(s).
- **Application Intent Filed By:** Please check the appropriate box.
- **Home Care Organization Name:** Enter the name used to designate the Home Care Organization under this intent to apply.
- **Home Care Organization Street Address:** Enter the physical location of the Home Care Organization. If applicant(s) has more than one Home Care Organization, a separate intent form must be completed for each Home Care Organization. Please enter the area code with telephone number of the Home Care Organization.
- **Home Care Organization Mailing Address:** Enter the address where the Home Care Organization will receive all mail sent from the Department.
- **Alternate Public Telephone:** If there is an alternate telephone number for the Home Care Organization, please enter the area code with telephone number.
- **Designee/Representative of the Home Care Organization:** If different than the applicant, please enter the name and title of person who will represent the Home Care Organization in the intent to apply process.
- **Total Number of Home Care Aides:** Please enter the total number of Home Care Aides currently on staff with the Home Care Organization. The number of Home Care Aides will be used for projected workload purposes only.

Please note that Home Care Organization applicants who employ Home Care Aides will submit a Home Care Aide registration list via excel to meet the requirements of California Health and Safety Code Section 1796.61(b). This Home Care Aide registration list must be submitted to the Home Care Services Bureau electronically on or before December 31, 2015.