



**APPLICATION FOR LICENSE TO OPERATE A
HOME CARE AGENCY BRANCH**

1. APPLICATION TYPE & LICENSE FEE: **No such fee shall be refunded.**

License fee must accompany the application. Checks, money orders, or bank drafts must be made payable to **OKLAHOMA STATE DEPARTMENT OF HEALTH** and mailed with your completed application.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
FINANCIAL MANAGEMENT - RECEIPTING UNIT
PO BOX 268823
OKLAHOMA CITY, OK 73126-8823**

_____ \$25.00 Initial License & Application Fee Proposed Effective Date: _____

Note: A Change of Information associated with an already established branch should be completed on Form ODH 757

The undersigned hereby makes application for license to maintain a Home Care agency branch office and is subject to the provisions of the Oklahoma Statutes and to the regulations adopted there under by the State Board of Health .

2. ENTITY: (Name of organization responsible for the operation of the agency) **License will be issued in this name.**

_____ License#: _____
(Name) (if chow/renewal)

D.B.A. _____
(Please attach PROOF the Entity and/or D.B.A. names are registered and match the Oklahoma Secretary of State website in accordance with Title 18 §22-1130 - 1140.)

3. PHYSICAL ADDRESS: _____
(Number & Street) (City) (County) (State) (Zip)

Mailing Address: _____
(Number & Street) (City) (County) (State) (Zip)

Phone: _____ Fax: _____

4. ADMINISTRATOR: _____
(PRINTED NAME - provide copy of certification)

Email Address: _____

Supervising Nurse: _____
(Printed Name) (License Number)

Alt. Supervising Nurse: _____
(Printed Name) (License Number)

5. BRANCH OFFICE(S): Provide the location (address, city, zip code, and phone number) information, for the proposed branch office associated with this application.

Name: _____ (Required to be the same as the parent)

Location Address: _____
(Number & Street) (City) (County) (State) (Zip Code)

Phone: _____ Fax: _____

6. BRANCH QUESTIONNAIRE: Provide responses as an attachment. Number the attachment (6).

- 1) Explain how the proposed branch will share supervision with the parent.
- 2) Explain how the proposed branch will share administration with the parent.
- 3) Explain how the proposed branch will share services with the parent.
- 4) Explain how the services provided by the proposed branch will be evaluated for quality of care.
- 5) List services provided directly and under arrangement.
- 6) Identify all branch staff and their job title.
- 7) Provide proof of staff qualifications (license, certification, etc.).
- 8) List all services shared with the home health parent.
- 9) Provide plans for addressing staff absenteeism.
- 10) Identify any high-tech services provided.
- 11) Identify how staff will coordinate care and services.
- 12) Attach an organizational chart delineating lines of authority, professional and administrative control for the home health parent and the branch.

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By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health. If the applicant is a firm, partnership or corporation, the applicant shall not be eligible to be licensed if any member of the firm or partnership or any officer or major stockholder has been convicted of a felony cited for any offense listed in Subsection F of Section 1-1950.1 of Title 63.

SIGNATURE OF APPLICANT(S)

Signature: _____ Typed Name: _____

Title or Position: _____ Date: _____

Signature: _____ Typed Name: _____

Title or Position: _____ Date: _____

**DETAILS FOR COMPLETING APPLICATION
SECTIONS NUMBERED FOR LICENSE TO OPERATE A
HOME CARE BRANCH**

- 1. APPLICATION TYPE & LICENSE FEE:** This application is to only be used to apply for the addition of a Home Care branch office for an already existing Home Care Agency. Application may be made by the owner, administrative officer, managing agent or an authorized member of the governing body.
- 2. ENTITY:** The Entity name is the name for which the license will be issued, if the entity has a doing business name this should be provided with a copy of the Secretary of State Trade Name Report.
- 3. PHYSICAL ADDRESS:** Physical address is the actual location of the business (please note an agency cannot be located in a home). The mailing address should coordinate with the mailing address associated with the parent location of the home care agency. Include the telephone number, after hour number, and fax number for the parent location. *310:662-1-2. Definitions "Parent agency"*
- 4. ADMINISTRATOR:** List the Certified Administrator that will be in charge of the agency and provide a copy of certification (provide proof of experience if this is a new application/change of Administrator). **List the Supervising Nurse/Physician and the Alternate Supervising Nurse/Physician.** List (provide proof of licensure). List the email address where entity correspondence should be sent. Include the telephone number, after hours number, and fax number for the entity.
- 5. BRANCH OFFICE(S):** Provide the location (address, city, zip code, and phone number) information, for the AAOs associated with this application. Note the branch name is required to be the same as the parent agency *310:662-1-2. Definitions "Branch office"*
- 6. BRANCH QUESTIONNAIRE:** Provide answers in detail to the Questionnaire as an attachment. Number the attachment.

Do not forget the required signatures for completion of the application.