

Ohio Department of Health

## Hospice Care Program Initial Application

### **General Information and Instructions**

The Ohio Revised Code 3712. and chapter 3701-19 of the Ohio Administrative Code requires all hospice care programs to be licensed. To apply for licensure, please complete the Licensure Application and send the application along with your \$600.00 license application fee in the form of a check or money order made payable to the **TREASURER, STATE OF OHIO** to the address below. Submission of an incomplete application, may delay the processing of your application.

Ohio Department of Health  
Accounts Receivable #2171  
PO Box 15278  
Columbus, OH 43215

Please note if your hospice currently is accredited or certified by an entity whose standards equal or exceed the Department's licensing standards established by Chapter 3701-19 of the Administrative Code, you must also submit the following with your completed application and fee:

1. Evidence of the program's current certification or accreditation noting the expiration date and the provider number or accreditation number; and
2. A copy of the accreditation or certification standards if the hospice is certified or accredited by an entity other than the United States Department of Health and Human Services (Medicare).

Hospice care programs which are accredited or certified by entities whose standards the Director determines to meet or exceed ours will be "deemed" as licensed and a license will be issued without an on-site visit. The Department will conduct an on-site visit of all other hospice care programs applying for licensure prior to issuing a license to determine compliance with Chapter 3701-19 of the Administrative Code.

To obtain online information regarding the licensure process, e.g. forms, rules (Ohio Administrative Code (OAC) and regulations (Ohio Revised Code (ORC)), visit the Ohio Department of Health web site at <http://www.odh.ohio.gov>. Questions regarding the licensure process may be directed to our e-mail address, [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or by calling our office at (614) 466-7713.



13. Medicare Certified?  
 No     Yes, provider #

14. Names of persons having ownership or control interest

Name	Address	City/State/Zip

15. Business entity name

Address

City	State	Zip	Charter/registration #
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16. Corporate Officers

Name/Title	Address	City/State/Zip	Telephone #

17. Statutory agent name

Address

City	State	Zip	Phone number
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18. How does your hospice program provide/intend to provide the following services?

Categories	Direct	Contract	Contractor's Name, Address, Phone Number
24-hour nursing services			
Physician services			
Medical supplies: drugs, biologicals & appliances			
Medical social services			
Physical therapy			
Occupational therapy			
Speech/language therapy			
Volunteer services			

18. Continued

Categories	Direct	Contract	Contractor's Name, Address, Phone Number
Bereavement			
Counseling			
Short-term inpatient care palliative & respite			
Home health aide services			

**Affidavit**

By signing below, I certify that to the best of my knowledge, the information provided in this application and the accompanying materials are true and accurate.

I acknowledge awareness of the provisions of the Ohio Revised Code which provide that any person who knowingly makes a false statement, or knowingly swears or affirms the truth of a false statement previously made, which the statement is made with purpose to secure the issuance by government agency of a license, is guilty of falsification, a misdemeanor of the first degree [Revised Code section 2921.13(A)(5) and (D).] A misdemeanor of the first degree is punishable by fine and/or imprisonment as provided in section 2929.21 of the Ohio Revised Code.

I also knowledge that pursuant to division (C) of section 3712.04 of the Revised Code, the Department may suspend or revoke a license if the licensee made any material misrepresentation in the application for the license.

Type/Print Applicant/Authorized Representative Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If a representative of the applicant signs this affidavit, s/he must include documentation that s/he is the applicant's authorized representative.

HEA8010  
6/19/08