

Hospice Agency and Hospice Facility (HOFA) Report of Change Application Checklist for Change of Property Owner

The following is a list of forms and supporting documents required for a complete application packet. Failure to include each of the forms or documents will delay processing.

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order.*

REQUIRED DOCUMENTS TO CHANGE PROPERTY OWNER

| <i>Use this space to check if included</i> | Forms and supporting documents | Additional Instructions (Each form listed also has instructions on the form) |
|--|---------------------------------------|--|
| | Cover Letter | <p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature |
| | HS 200 | <p>LICENSURE & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1748(b)]</p> <p>Tips:</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) |

| <i>Use this space to check if included</i> | Forms and supporting documents | Additional Instructions (Each form listed also has instructions on the form) |
|--|---------------------------------------|---|
| | | <ul style="list-style-type: none"> Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field) |
| | Supporting Documents | <p>D.1 - CONTROL OF PROPERTY</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the licensee</p> |