Pediatric Day Health and Respite Care
Initial and Change of Ownership Application Checklist

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

Check all that apply**:** ☐ **Initial License** ☐ **Change of Ownership (CHOW)**

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

REQUIRED DOCUMENTS FOR AN INITIAL LICENSE OR CHOW

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** [Health and Safety Code (HSC) section 1763.4] Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request: Indicate the type of service you would like to add. If adding the Transitional Health Care Needs Optional Service Unit, please specify your request for this service here • Previous and proposed/new location • 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

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		Note: For PDHRCs who opt to provide services to individuals 22 years of age and older, the PDHRC must apply and be approved to operate a Transitional Health Care Needs Optional Service Unit by indicating this service as a request in the cover letter
	HS 200	**LICENSURE & CERTIFICATION APPLICATION** [Health and Safety Code (HSC) section 1760.4(c) and 1762 and Title 22 California Code of Regulations (CCR) 72201] **A.5 - TYPE OF FACILITY** Under Subsection (o) Pediatric Day Health and Respite Care (PDHRC) should be listed **Tips** • 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) • Page 3, section C, item 7 — When listing the names of individuals owning 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	**A.11 – CONSTRUCTION** [HSC section 1761.2 and 1761.8] Submit **evidence of compliance** with local building code requirements whether or not construction occurred **Note:** PDHRCs are not subject to architectural plan review by the Office of Statewide Health Planning and Development.

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	Supporting Documents	**B.2 - IRS INTERNAL REVENUE SERVICE DOCUMENTATION** [HSC section 1265 and 1760.4(c) and 22 CCR section 72201] Submit **one** of the following IRS tax documents showing entity's legal name and Tax Identification Number: • Letter 147-C (EIN Confirmation Notification) • Form 941- Employer's Quarterly Federal Tax Return • Form 8109-C FTD Address Change • Form SS-4 (Confirmation Notification
	Supporting Documents	**B.3 - ORGANIZATIONAL CHART – OWNER TYPE** [HSC section 1760.4(c), 1265, and 1267.5 and 22 CCR section 72201] Submit an organizational chart if the owner is a profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following: • Applicant's owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners **Note:** Submit the HS 215A form for each of these individuals • Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating- see B.6
	Supporting Documents	**D.1 - CONTROL OF PROPERTY** [HSC section 1265(h) and 1760.4(c) and 22 CCR section 72201] Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee

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	HS 215A	**APPLICANT INDIVIDUAL INFORMATION** [HSC section 1265, 1267.5, and 1760.4(c) and 22 CCR 72201 and 72513] This form must be completed for the following individuals and include original signatures: • Administrator of the facility and the Director of Nursing • Owners, directors, board members, corporate officers, LLC members/managers, and/or partners of the organization • Each individual having a beneficial interest of exceeding five percent or more in the organization and/or parent organization • Administrator designee **Tips** • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity • Page 2, section D — Submit ten years of employment history, indicating the start and end dates of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet
	Supporting Documents	**FACILITY INFORMATION SHEET** Each individual must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency:

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		• Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	**RESUME** [HSC section 1265 and1760.4(c) and 22 CCR section 72201 and 72327] A resume is only required for the Administrator and Director of Nursing
	HS 309 1st Page	**ADMINISTRATIVE ORGANIZATION** [HSC section 1265, 1267.5, and 1760.4(c) and 22 CCR section 72201] Along with the HS 309, the following supporting documents according to organizational type must be submitted:
	Supporting Documents	**CORPORATION** • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • List of Board of Directors (only if additional space is needed to input all board of directors) **Tip** • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**LIMITED LIABILITY COMPANY (LLC)** • Filing Statement from the Secretary of State • Articles of Organization • Operating Agreement • List of Managing Members (only if additional space is needed to input all managing members) and managers who are not members
	HS 309 2nd Page	**ORGANIZATIONAL STRUCTURE** Only complete fields that are applicable to applicant's entity type **Tip** • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	**PUBLIC AGENCY** Copy of signed Resolution
	Supporting Documents	**PARTNERSHIP** Copy of signed Partnership Agreement
	HS 400	**AFFIDAVIT REGARDING PATIENT MONEY** [22 CCR section 72217 and HSC section 1318 and 1760.4(c)] • Mark either A or B box. If B is checked, enter the amount of patient monies managed and submit the bond required on form HS 402 **Tip** • If you are a sole proprietor, you would enter your legal name • Even though the form allows the applicant to indicate that they will not handle any money, this is not an option if a

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		PDHRC, wishes to be "Certified". You are required to obtain a bond for at least $1,000 • If the application is for a change of ownership, the amount handled must be the same or less than the amount of the Audit and Receipt of patient monies. • If the money you are going to handle is outside the table, your bond should be $1,000 more than the amount handled. For example, you will handle $25,000, your required bond amount will be $26,000
	HS 402	**SURETY BOND VERIFICATION** [HSC section 1318 and 1760.4(c) and 22 CCR 72217] • Submit an "original" bond or an "embossed" Power of Attorney • Is signed by the bonding agency • Possesses the embossed seal of the bonding agency **Tips** • Please check the upper right-hand corner of this form to ensure you are submitting the California Department Public Health (CDPH) form (not the Department of Social Services form) • Licensee name dba Facility name is acceptable • Submit the original form with the embossed seal on all documents
	HS 602	**TRANSFER AGREEMENT** [HSC section 1760.4(c) and 22 CCR 72519] Copy of current written transfer agreement with a hospital **Tips** • The facility administrator may sign this form • The facility may not have a provider number yet and this line may be left blank

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	STD 850	**FIRE SAFETY INSPECTION REQUEST (not applicable for a CHOW unless there is construction)** [HSC section 1761.2] The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form

REQUIRED DOCUMENTS FOR A CHOW ONLY

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	Supporting Documents	**All of the forms required for an "Initial" application listed above in addition to the documents requested below:** [HSC section 1265 and 1760.4(c) and 22 CCR section 72201, 72529(a)(10) and 72543(e)] • Copy of "Purchase Agreement" or "Operating Transfer Agreement" • When applicable, written verification (with amount) by public accountant, accounting for all patient monies transferred to the custody of the new licensee. If none, need statement from current licensee that they did not handle resident monies • When applicable, copy of receipt (with amount) signed by the new licensee in exchange for such monies • A letter from the current and prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records or copies will be made available to the both new and former licensee