

Referral Agency 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

<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 (only applicable for CHOW) • Facility name and address • Facility ID number (if known) • Brief description of request • 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 200	<p>LICENSING & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1403 and 1404.5] and [Title 22 California Code of Regulation (CCR) section 74101]</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) • 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	<p>A.11 - CERTIFICATE OF OCCUPANCY</p> <p>The certificate of occupancy is not required, unless there is construction</p>
	Supporting Documents	<p>B.2 - IRS INTERNAL REVENUE SERVICE DOCUMENTATION</p> <p>Submit one of the following IRS tax documents showing entity's legal name and Tax Identification Number:</p> <ul style="list-style-type: none"> • 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	<p>B.3 - ORGANIZATIONAL CHART – OWNER TYPE [HSC section 1405(i)]</p> <p>Submit an organizational chart if the owner is a for-profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p>

<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"> 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	<p>D.1 - CONTROL OF PROPERTY [HSC section 1405 (g)]</p> <p>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</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [HSC section 1405 (d)(e)(f)] and [22 CCR section 74105 and 74201]</p> <p>This form must be completed for the following individuals and include original signatures:</p> <ul style="list-style-type: none"> Owners, agency manager, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization Each individual having a beneficial interest of exceeding 10 percent or more in the applicant organization and/or parent organization <p>Tips</p> <ul style="list-style-type: none"> 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;

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<p>however, the resume must contain all required information requested in section D</p> <ul style="list-style-type: none"> • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet
	Supporting Documents	<p>FACILITY INFORMATION SHEET [HSC section 1405 (d)]</p> <p>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 Service The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • 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	<p>RESUME</p> <p>A resume is only required for the Agency Manager</p>
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION [HSC section 1405(h)] and [22 CCR section 74105(a)(8)]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Supporting Documents	<p>CORPORATION</p> <ul style="list-style-type: none"> • 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) <p>Tip</p> <ul style="list-style-type: none"> • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation
	Supporting Documents	<p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> • 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)
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p> <p>Tip</p> <ul style="list-style-type: none"> • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	<p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Supporting Documents	PARTNERSHIP Copy of signed Partnership Agreement
	Supporting Documents	SCHEDULE OF FEES [HSC section 1405(j)] and [22 CCR section 74105(a)(10)] <ul style="list-style-type: none"> • Submit a schedule of fees to be charged and collected • Submit a statement of the method by which each fee is to be computed or determined
	Supporting Documents	FINANCIAL INTEREST DECLARATION [22 CCR section 74105(a)(11)] and [HSC section 1405(k)] Submit a declaration that neither the licensee nor any member of the partnership or corporation will have any financial interest in any health facility doing business with the referral agency

REQUIRED DOCUMENTS FOR A CHOW ONLY

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Supporting Documents	All of the forms required for an "Initial" application listed above in addition to the documents requested below: <ul style="list-style-type: none"> • Copy of "Purchase Agreement" or "Operating Transfer Agreement" • A letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee