



# APPLICATION FOR LICENSE TO OPERATE A PERSONAL SERVICES AGENCY

State Form 53391 (R2 / 8-12)  
Approved by State Board of Accounts, 2012  
Indiana State Department of Health-Division of Acute Care  
(Pursuant to IC 16-27-4)

## Division of Acute Care Use Only

Date Received (month, day, year) \_\_\_\_\_

Date Approved (month, day, year) \_\_\_\_\_

All questions on this application must be answered completely and legibly in printed or typed script. Include all required documentation and fee with the application. Complete all sections on this application. An incomplete or illegible application will be returned without being processed. This application and the license, and/or approval which may be issued as a result, are neither assignable nor transferable. A non-refundable application fee in the amount of \$250.00 must accompany this application. No license shall be issued without receipt of this fee and a completed and approved application. The license must be renewed annually.

Please Type or Print Legibly.

### SECTION I - TYPE OF APPLICATION

Type of application is required to be checked.

Change of Ownership (Anticipated date of sale/purchase) \_\_\_\_\_

New Agency

- Submit a dated and signed copy of the bill of sale or comparable document with the change of ownership application.
- Submit a copy of the agency's license the applicant is purchasing.

### SECTION II - IDENTIFYING INFORMATION

#### A. Personal Services Agency Parent Practice Location

If the "doing business as" name is different from the legal entity name (i.e. corporation or limited liability company) submit a "Certificate of Assumed Business Name" document from the Indiana Secretary of State (SOS). The document will reflect the legal entity's name and the "doing business as" name.

Name of agency (List agency name in this section as it appears on the document from the SOS.)

Street address (number and street)

City	County	ZIP Code +4
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Telephone number ( )	Fax number ( )	E-mail address (agency specific)	Web address
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#### B. Agency's office hours (i.e. 8:00 a.m. – 4:00 p.m.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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#### C. Mailing Address (if different from practice location)

Street address (number and street)	P.O. Box
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City	State	ZIP Code +4
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#### D. Licensee/Ownership Information

The legal entity name (i.e. the name of the corporation or limited liability company) must register with the Indiana Secretary of State (SOS) for doing business in Indiana. Submit applicable document from the SOS (articles/certificate of incorporation or certificate of organization and certificate of assumed business name, if applicable). Submit document from the Internal Revenue Service (IRS) that reflects the legal entity's name and EIN number.

Name of legal entity (List the legal name in this section as it appears on the document from the IRS and associated with the EIN number and SOS.)

Street address (number and street)	P.O. Box
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City	State	ZIP Code+4
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Telephone number ( )	Fax number ( )
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EIN Number (submit document from IRS to validate)	Fiscal year end date (mm/dd)
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**E. Branch offices operated under this license (as defined IC 16-27-4-6 (b))**

**Each branch office operated under the license of the parent personal services agency as listed in Section II.A. of this application must be:**

1. at a location or site from which the personal services agency provides services;
2. owned and controlled by the parent personal services agency; and
3. located within a radius of one hundred twenty (120) miles of the parent personal services agency.

Is the agency applying for a branch?  Yes  No      Is the branch owned and controlled by the parent?  Yes  No

If the applicant is applying for a branch location, complete the information below and include a map with this application.

The map must reflect:

1. The mileage from the parent to the branch location and;
2. The parent and branch addresses.

Name	Address (street address/city/ZIP)	County	Telephone Number

**SECTION III – STAFFING**

Submit a current limited, expanded or national criminal history check on the staff below. If the individual has resided outside Indiana at anytime during the last two (2) years prior to employment, submit a national or expanded criminal history check. The criminal history check must be a search from eighteen (18) years to current. If using an entity other than the Indiana State Police to conduct the criminal history search, make sure that entity has the timeframe for the search on the document.

**A. Manager (as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3)) - Complete sections with manager's home address.**

Last Name		First Name		Initial
Street address (number and street)			City	
County		State		ZIP Code +4

**B. Alternate Manager (as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3)) - Complete sections with alternate manager's home address.**

Last Name		First Name		Initial
Street address (number and street)			City	
County		State		ZIP Code +4

**C. Alternate Manager 2nd (as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3)) - Complete sections with alternate manager's home address.**

Last Name		First Name		Initial
Street address (number and street)			City	
County		State		ZIP Code +4

**SECTION IV - OWNERSHIP**

**A. Ownership and Controlling Interest (officers/directors/managing agents/managing employees of the personal services agency)**

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) or more in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. *Submit current limited, expanded or national criminal history checks on individuals below. Refer to requirements on Page 2, Section III of this application. (as defined in IC 16-27-4-17 (b))*

Name	Business Address (street address/city/state/ZIP)	EIN Number	Percentage of Ownership (i.e. 20%)

**B. Type of Agreement (Applicable for change of ownership only – DO NOT complete section IV.B., if initial application.)**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Asset Purchase Agreement | <input type="checkbox"/> Assignment of Interest      | <input type="checkbox"/> Lease       |
| <input type="checkbox"/> Merger                   | <input type="checkbox"/> New Partnership             | <input type="checkbox"/> Sale        |
| <input type="checkbox"/> Termination of Lease     | <input type="checkbox"/> Transfer of Asset Agreement | <input type="checkbox"/> Other _____ |

**Submit a bill of sale or comparable document, which includes buyer/seller legal entity name(s) and buyer/seller signature(s) and effective date of transaction with the application.**

**C. Type of Entity**

<u>For Profit</u>	<u>NonProfit</u>	<u>Government</u>
<input type="checkbox"/> Individual	<input type="checkbox"/> Church Related	<input type="checkbox"/> State
<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> County
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> City
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> City/County
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Federal
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
_____	_____	_____

**D. Owners/Directors/Officers/ Partners/Managing Agents/Managing Employees**

List all individuals (persons) associated with the applicant entity and indicate the individual's title (i.e. owner, officer, director, member, partner, president, vice president, secretary, treasurer, CEO, CFO, etc). If the applicant is a partnership, list the name and title of each partner or the name and title of all individuals associated with each entity that forms the partnership. If the applicant is a Limited Liability Company, list the name and title for all individuals associated with each member entity that forms the Limited Liability Company. *(as defined in IC 16-27-4-17 (b)) Submit current limited, expanded or national criminal history checks on individuals below. Refer to requirements on Page 2, Section III of this application.*

Name	Title-Position (i.e. president/owner)	Business Address (street address/city/state/ZIP)

**SECTION V - CERTIFICATION OF APPLICATION**

The undersigned hereby makes application for a license to operate a Personal Services Agency (agency) in the State of Indiana, and in support of this application, represents and shows that the owners and operators are of reputable and responsible character, are able to comply with the personal services agency laws, IC 16-27-4, and will operate and maintain this agency in accordance with those requirements.

I hereby certify that the operational policies of the agency will not provide for discrimination based upon race, color, creed or national origin.

I swear or affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws and rules governing the licensing of agencies in Indiana.

Owner/President *(Type/print name as is listed in Section IV.D. on this application.)*

Signature of Owner/President *(Signature of owner/president as listed in section IV.D. on this application.)*

Date *(month/day/year)*

Personal Services Agency Manager *(Type/print name as listed in section III.A. on this application.)*

Signature of Personal Services Agency Manager *(Signature of manager as listed in section III.A. on this application.)*

Date *(month/day/year)*

**SECTION VI - APPLICATION SUBMISSION AND LICENSE FEE**

Return the initial application, required documents and a non-refundable license fee of \$250.00 payable to Indiana State Department of Health to:

Indiana State Department of Health  
Cashier's Office  
P.O. Box 7236  
Indianapolis, Indiana 46207-7236

## SECTION VII - POLICES AND DOCUMENTATION

Submit the policies-procedures and documentation required as defined in Personal Services Agencies IC 16-27-4 and the applicable documentation from the Indiana Secretary of State and the Internal Revenue Service with the initial application. **Do not intermingle Family Social Services Administration polices and documentation with the Indiana State Department of Health polices and documentation for personal services agency. Do not send a handbook as policies and procedures and/or cut and paste IC 16-27-4 as policies and procedures.** All documentation must be received and approved prior to issuance of a license to operate a personal services agency.

### Submit the following Policies and Procedures with licensure application:

1. Unstable health conditions (IC 16-27-4-8)
  - a. Submit policy and procedure (*provide detail procedure*)
2. Client satisfaction review (IC 16-27-4-11)
  - a. Submit policy and procedure
  - b. Submit satisfaction review form
3. Complaint investigations (IC 16-27-4-13)
  - a. Submit policy and procedure (*provide detail procedures*)
  - b. Submit complaint investigation form
4. Tuberculosis test (control of communicable disease) (IC 16-27-4-15)
  - a. Submit policy and procedure – Complete a tuberculosis test in the same manner as required by the state department for license home health agency employees - refer to the 410 IAC 17-2-1
5. Compliance documentation (IC 27-4-18)
  - a. Submit policy and procedure
6. Copy of the Manager's responsibilities for day to day operations (IC 16-27-4-9(a))
  - a. Submit manager's day to day responsibilities of the agency
7. Evaluation and Training Policy and Procedure (IC 16-27-4-16)
  - a. Include the following in the policy and procedures:
    - i. How the agency will evaluate training
    - ii. How will agency re-evaluate employee on services provided to client by agency
    - iii. How agency will determine competency (*example: must receive 80% on written and observation skills test*)
    - iv. How agency will ensure that the employee is competent to perform the tasks without direct supervision
    - v. Who will conduct the employee training and ensure the training is documented with signature and date of individual conducting the training and employee receiving the training
    - vi. Type of training provided
  - b. Submit a copy of the training and evaluation (i.e. written test and observation skills test)
8. Copy of the agency's Service Plan (IC 27-4-10)
  - a. Submit policy and procedure
  - b. Submit service plan form agency will provide to client
  - c. Submit visit record form
9. Copy of the agency's Client Rights Statement (IC 27-4-12)
  - a. Submit client rights statement that agency will provide to clients.

## SECTION VIII - ADDITIONAL DOCUMENTATION REQUIRED

### **Secretary of State (SOS) documentation:**

The applicant must register with the office of the Secretary of State (SOS) to conduct business in Indiana. If the “doing business as” (d/b/a) name is different from the legal entity name (corporation, limited liability company or partnership), then the legal entity will need to apply for a “Certificate of Assumed Business Name” document from the SOS. Submit applicable document with initial application.

- If a limited Partnership, submit a copy of the “Application for Registration” and “Certificate of Registration” signed by the Indiana Secretary of State.
- If a Corporation, submit a copy of the “Articles of Incorporation” and “Certificate of Incorporation” signed by the Indiana Secretary of State.
- If applicant is an out of state corporation (foreign corporation), submit a copy of the “Certificate of Authority to do Business in the State of Indiana” signed by the Indiana Secretary of State.
- If a Limited Liability Company, submit a copy of the “Articles of Organization” and the “Certificate of Organization” signed by the Indiana Secretary of State.
- If the “doing business as” (d/b/a) name is different from the legal entity's name submit a “Certificate of Assumed Business Name” that lists the legal entity and “doing business as” (d/b/a) name signed by the Indiana Secretary of State.

### **Internal Revenue Service (IRS) documentation:**

- The applicant must submit a SS-4 or comparable document from the Internal Revenue Service (IRS) that reflects legal entity's name (i.e. *corporation, limited liability company, partnership*) and “doing business as” (d/b/a) name, if applicable and EIN number. The document **must be a document the IRS sent to the applicant that includes legal entity name and EIN number.**

### **Criminal History Check**

- Submit applicable current limited, expanded or national criminal history check on manager, alternate manager, officers and owners. If the individual has resided outside Indiana at anytime during the last two (2) years prior to employment, submit a national or expanded criminal history check. The criminal history check must be a search from eighteen (18) years to current. If using an entity other than the Indiana State Police to conduct the criminal history search make sure that entity has the timeframe for the search on the document and indicate if the individual has a record/no record.