



APPLICATION FOR LICENSE TO OPERATE A PERSONAL SERVICES AGENCY

State Form 53391 (R3 / 8-16)
Approved by State Board of Accounts, 2016
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-27-4)

Acute Care Division Use Only	Facility Number		Date Approved (month, day, year)	
Date Received (month, day, year)				

Complete all sections on the application in printed or typed script. An incomplete or illegible application will be returned without processing. The required documentation and a non-refundable \$250.00 licensure fee per IC 16-27-4-6(d) must accompany the application. No license shall be issued without receipt of the non-refundable licensure fee, a completed application and approved by the department. A license issued as a result of approval, is neither assignable nor transferable. The license must be renewed annually. Requirements to operate a personal services agency in Indiana are located at IC 16-27-4. Requirements for expanded criminal history checks is located at IC 20-26-2-1.5 and national history checks at IC 10-13-3-12.

Type or Print Legibly.

SECTION I - TYPE OF APPLICATION						
Type of application is required to be checked.						
<input type="checkbox"/> New Agency	<input type="checkbox"/> Change of Ownership (Anticipated date of sale/purchase) (month, day, year)					
<ul style="list-style-type: none"> 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 – The applicant must have a physical location.						
Include the official document from the Indiana Secretary of State (SOS). See Section VIII. If the "doing business as" name is different from the legal entity name include a "Certificate of Assumed Business Name" document from the SOS. The "Certificate of Assumed Business Name" document will reflect both legal entity's name and the "doing business as" name.						
Name of agency (List agency name in this section as it appears on the SOS document.)						
Street address (number and street) The applicant must have a physical location and operational telephone for a personal services agency for licensure.						
City		State		ZIP Code +4		
Telephone number (agency specific) ()		Fax number (agency specific) ()		E-mail address (agency specific)		
B. Agency's office hours (e.g. 8:00 a.m. – 4:00 p.m.)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
C. Mailing Address (if different from practice location)						
Street address (number and street)					P.O. Box	
City		State		ZIP Code +4		
D. Licensee/Ownership Information						
Include the official document from the Internal Revenue Service (IRS) that reflects the legal entity's name and EIN number. See Section VIII. The legal name on the IRS and SOS must match.						
Name of legal entity (List the legal name in this section as it appears on the IRS document.)						
Street address (number and street)					P.O. Box	
City		State		ZIP Code+4		
Telephone number ()		Fax number ()				
EIN Number (as listed on the official IRS document)					Fiscal year end date month (mm)	

SECTION III – STAFFING

Submit a current (within the past three (3) months) lifetime expanded or lifetime national criminal history report for the staff listed below. An expanded criminal history report shall contain the results of the search (i.e. no record found, clear; or if a record, the results of the record) and include the requirements of IC 20-26-2-1.5.

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

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

C. Alternate Manager 2nd, if applicable (as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3)) Complete 2nd alternate manager's 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 (as defined in IC 16-27-4-17 (b)). Submit current expanded or national criminal history checks for the individuals named below.

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

B. Type of Entity – Select one only.

For Profit

Individual Partnership Corporation Limited Liability Company Sole Proprietorship Other (specify) _____

Non Profit

Church Related Individual Partnership Corporation Limited Liability Company Other (specify) _____

Government

County City City/County Federal Other (specify) _____

C. 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 expanded or national criminal history checks for the individuals named below.

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

SECTION V – CHANAGE OF OWNERSHIP TYPE OF AGREEMENT

This section is applicable for a Change of Ownership only – DO NOT complete this section if initial application.

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|---|--|--------------------------------------|
| <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 _____ |

For a change of ownership, submit a bill of sale or comparable document to include buyer/seller legal entity name(s), buyer/seller signature(s), date of signatures and effective date of agreement/transaction.

SECTION VI - 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 discriminate 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 personal services agencies in Indiana.

Include typed/printed name and signature for one owner, CEO or president and for one manager below.

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

Signature of Owner/CEO/President (Signature of owner, CEO or president as listed in Section IV.D. on this application.)	Date (month/day/year)
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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)
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SECTION VII - APPLICATION SUBMISSION AND LICENSE FEE

Return the initial application, required documents and a non-refundable \$250.00 license fee payable to the Indiana State Department of Health to the **CASHIER'S OFFICE** at the following address:

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

SECTION VIII - POLICIES AND DOCUMENTATION

Submit the policies-procedures and documentation required as defined in Personal Services Agencies IC 16-27-4, the applicable documentation from the Indiana Secretary of State, the Internal Revenue Service and current criminal history reports with the initial application. Do not intermingle Family Social Services Administration policies and documentation with the Indiana State Department of Health policies and documentation for personal services agency. Submit policies and procedures that are relevant to a 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 17-12-1.
5. Compliance documentation (IC 16-27-4-18)
 - a. Submit policy and procedure
6. Manager's job description (IC 16-27-4-9(a))
 - a. Submit job description of the manager's day to day responsibilities of a personal services agency
7. Training Policy and Procedure (IC 16-27-4-16)
 - a. Include the following in the policy and procedures:
 - i. How will the agency evaluate/train employees prior to providing services to clients?
 - ii. How will agency re-evaluate/train employee on services that require additional training?
 - iii. How will the agency observe employees demonstration of skills prior to providing services to clients?
 - iv. How will the agency determine competency (*example: receive 80% on written and demonstration/observation skills test*)?
 - v. How will the agency ensure that the employee is competent to perform the tasks without direct supervision
 - vi. 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?
 - vii. What type of training is the agency providing?
 - b. Submit a copy of the written test
 - c. Submit a copy of demonstration//observation skills test
8. Copy of the agency's Service Plan (IC 16-27-4-10)
 - a. Submit policy and procedure
 - b. Submit service plan form agency will provide to client (*include services and days services will be provided*)
 - c. Submit visit record form
9. Copy of the agency's Client Rights Statement (IC 16-27-4-12)
 - a. Submit policy and procedure
 - b. Submit client rights statement that agency will provide to clients

SECTION VIII - ADDITIONAL DOCUMENTATION REQUIRED

Secretary of State (SOS) documentation:

The applicant must submit the official Secretary of State (SOS) document with initial application. 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.

- 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 name and "doing business as" (d/b/a) name signed by the Indiana Secretary of State.

Internal Revenue Service (IRS) documentation:

- The applicant must submit the official document from the Internal Revenue Service (IRS) that reflects legal entity's name (*i.e. ABC LLC for the corporation, Limited Liability Company*) and EIN number.

Criminal History Check

- Include applicable current (within the past three (3) months) lifetime expanded or lifetime national criminal history report on manager, alternate manager, officers and owners. An expanded criminal history report shall contain the results of the search (*i.e. no record, clear; or if a record, the results of the record*) and include the requirements of IC 20-26-2-1.5.
- The applicant may reference IC 20-26-2-1.5, IC 10-13-3-12 and IC 16-27-2 for criminal history compliance for personal services agencies.