



**FOR OFFICE USE ONLY**

Check Amount  
Check Number  
License Expiration

State of Delaware  
Office of Health Facilities Licensing and Certification  
Licensure Renewal Application for 3350 Skilled Home Health Agency (HHAS)

**(Please type)**

License ID HHAS -

Provider Legal Name  
 Doing Business As (DBA)  
 Agency Address  
 City State DE Zip Code  
 Agency Phone Agency Fax  
 Director Email  
 Alt. Director Email  
 Clinical Director Email  
 Delaware Registered Nursing License Number Expiration Date  
 Alt. Clinical Director Email  
 Delaware Registered Nursing License Number Expiration Date  
 Emergency Contact Name  
 Emergency Contact Phone Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Facility Type (Check all that apply)

- 1. Private Public
- 2. Non-Profit For-Profit

Hours of Operation

Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday  
 Sunday

Check the county(ies) in which your agency will provide services

New Castle Kent Sussex

Accredited? Yes No Deemed? Yes No

Accrediting Organization Expiration Date



### Home Health Agency Services and Employee Information

Services Provided	Does your company provide these services? Yes or No	Are the services provide by employees of the agency? Yes or No	Number of persons employed in each service	Are the services provided by contractors? Yes or No	Number of contractors providing each service?	Are services provided by both employees and contractors?	Total number of caregivers in each service?
Licensed Nursing							
Physical Therapy							
Speech Therapy							
Audiology Services							
Occupational Therapy							
Nutritional Services							
Social Services							
Home health aide							
Homemaker							
Companion Services							
Durable Medical Equipment							
Intravenous Therapy							
Respiratory/Inhalation Therapy							
Pharmaceutical Services							
Other (please list)							

