



Initial Application for Home Health Agency License

Identifying Information

Name of Entity: _____

D/B/A: _____

Mailing Address: _____
Street City Zip Code

Site Address: _____
Street City Zip Code

County: _____

Telephone: _____ Fax: _____
Include area code

Email Address: _____

Contact Person: _____

Days and Hours of Operation:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Hours							

List of Geographic Service Areas by County	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please indicate if the agency will have a 24-hour on-call system.

NOTE: An on-site inspection by surveyors will occur during the business hours submitted.

Payment

A Check or Money Order Payable to “Commonwealth of Pennsylvania” for the amount of the fee must accompany this application. **Currency is not acceptable.** The regular fee per license is \$250.

