



**APPLICATION FOR LICENSE TO OPERATE A
SITTER OR COMPANION SERVICE AGENCY**

1. APPLICATION TYPE & LICENSE FEE: No such fee shall be refunded.

License fee must accompany the application. Checks, money orders, or bank drafts must be made payable to **OKLAHOMA STATE DEPARTMENT OF HEALTH** and mailed with your completed application.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
FINANCIAL MANAGEMENT - RECEIPTING UNIT
PO BOX 268823
OKLAHOMA CITY, OK 73126-8823**

_____ \$1000.00	Initial License & Application Fee	
_____ \$500.00	Renewal License Fee	
_____ \$500.00	Change of Ownership (CHOW)	Effective Date: _____
_____ (No Charge)	Change of Information	Effective Date: _____

Note: If CHOW, former name and location: _____

2. REQUIRED ATTACHMENTS:

Applicants must include the following documents based on the application type

<i>Initial Application</i>	<i>Renewal Application</i>	<i>CHOW Application</i>
1. Application for license to operate CSS	1. Application for license to operate CSS	1. Application for license to operate CSS
2. Application Fee (Nonrefundable)	2. Application Fee (Nonrefundable)	2. Application Fee (Nonrefundable)
3. Secretary of State authority to operate	3. Secretary of State authority to operate	3. Secretary of State authority to operate
4. Supervisor training/ license verification	4. Supervisor training/ license verification	4. Supervisor training/ license verification
5. Certificate of Insurance verification	5. Certificate of Insurance verification	5. Certificate of Insurance verification
6. Workers' Compensation verification	6. Workers' Compensation verification	6. Workers' Compensation verification
7. Plan of Delivery (scope & range of service)	7. Plan of Delivery (scope & range of service)	7. Plan of Delivery (scope & range of service)
8. Attached response #8, #9(a,b,c) #10(a,b,c) #11	8. Attached response #8, #9(a,b,c) #10(a,b,c) #11	8. Attached response #8, #9(a,b,c) #10(a,b,c) #11
		9. Executed Sales Agreement (CHOW ONLY)

The undersigned hereby makes application for license to maintain a Sitter-Companion agency and is subject to the provisions of the Oklahoma Statutes and to the regulations adopted there under by the State Board of Health.

3. ENTITY: *(Name of organization responsible for the operation of the agency)* **License will be issued in this name.**

(Name) License#: _____
(if chow/renewal)

D.B.A. _____
(Please attach PROOF the Entity and/or D.B.A. names are registered and match the Oklahoma Secretary of State website in accordance with Title 18 §22-1130 - 1140.)

4. ENTITY BUSINESS FORMAT/TYPE: _____
(Sole Proprietorship, Limited Liability Company, Cooperative, Corporation, Partnership, etc.)

5. PHYSICAL ADDRESS: _____
(Number & Street) (City) (County) (State) (Zip)

Mailing Address: _____
(Number & Street) (City) (County) (State) (Zip)

6. SUPERVISOR: _____
(PRINTED NAME – Provide Copy of License/Training to support experience)

Email Address: _____

Phone: _____ Agency after hrs. #: _____ Fax: _____

7. AGENCY OFFICE HOURS:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

8. GEOGRAPHIC AREA: Identify desired/current County Service area(s) below. Please provide an attachment of any partial county service by city on an 8.5" x 11" attachment and number the response (8).

- | | | | |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> 01 Adair | <input type="checkbox"/> 21 Delaware | <input type="checkbox"/> 41 Lincoln | <input type="checkbox"/> 61 Pittsburg |
| <input type="checkbox"/> 02 Alfalfa | <input type="checkbox"/> 22 Dewey | <input type="checkbox"/> 42 Logan | <input type="checkbox"/> 62 Pontotoc |
| <input type="checkbox"/> 03 Atoka | <input type="checkbox"/> 23 Ellis | <input type="checkbox"/> 43 Love | <input type="checkbox"/> 63 Pottawatomie |
| <input type="checkbox"/> 04 Beaver | <input type="checkbox"/> 24 Garfield | <input type="checkbox"/> 44 McClain | <input type="checkbox"/> 64 Pushmataha |
| <input type="checkbox"/> 05 Beckham | <input type="checkbox"/> 25 Garvin | <input type="checkbox"/> 45 McCurtain | <input type="checkbox"/> 65 Roger Mills |
| <input type="checkbox"/> 06 Blaine | <input type="checkbox"/> 26 Grady | <input type="checkbox"/> 46 McIntosh | <input type="checkbox"/> 66 Rogers |
| <input type="checkbox"/> 07 Bryan | <input type="checkbox"/> 27 Grant | <input type="checkbox"/> 47 Major | <input type="checkbox"/> 67 Seminole |
| <input type="checkbox"/> 08 Caddo | <input type="checkbox"/> 28 Greer | <input type="checkbox"/> 48 Marshall | <input type="checkbox"/> 68 Sequoyah |
| <input type="checkbox"/> 09 Canadian | <input type="checkbox"/> 29 Harmon | <input type="checkbox"/> 49 Mayes | <input type="checkbox"/> 69 Stephens |
| <input type="checkbox"/> 10 Carter | <input type="checkbox"/> 30 Harper | <input type="checkbox"/> 50 Murray | <input type="checkbox"/> 70 Texas |
| <input type="checkbox"/> 11 Cherokee | <input type="checkbox"/> 31 Haskell | <input type="checkbox"/> 51 Muskogee | <input type="checkbox"/> 71 Tillman |
| <input type="checkbox"/> 12 Choctaw | <input type="checkbox"/> 32 Hughes | <input type="checkbox"/> 52 Noble | <input type="checkbox"/> 72 Tulsa |
| <input type="checkbox"/> 13 Cimarron | <input type="checkbox"/> 33 Jackson | <input type="checkbox"/> 53 Nowata | <input type="checkbox"/> 73 Wagoner |
| <input type="checkbox"/> 14 Cleveland | <input type="checkbox"/> 34 Jefferson | <input type="checkbox"/> 54 Okfuskee | <input type="checkbox"/> 74 Washington |
| <input type="checkbox"/> 15 Coal | <input type="checkbox"/> 35 Johnston | <input type="checkbox"/> 55 Oklahoma | <input type="checkbox"/> 75 Washita |
| <input type="checkbox"/> 16 Comanche | <input type="checkbox"/> 36 Kay | <input type="checkbox"/> 56 Okmulgee | <input type="checkbox"/> 76 Woods |
| <input type="checkbox"/> 17 Cotton | <input type="checkbox"/> 37 Kingfisher | <input type="checkbox"/> 57 Osage | <input type="checkbox"/> 77 Woodward |
| <input type="checkbox"/> 18 Craig | <input type="checkbox"/> 38 Kiowa | <input type="checkbox"/> 58 Ottawa | |
| <input type="checkbox"/> 19 Creek | <input type="checkbox"/> 39 Latimer | <input type="checkbox"/> 59 Pawnee | |
| <input type="checkbox"/> 20 Custer | <input type="checkbox"/> 40 LeFlore | <input type="checkbox"/> 60 Payne | <input type="checkbox"/> ENTIRE STATE |

9. OWNERSHIP OF AGENCY:

- 9(a). Provide name, mailing and finding address of every stockholder [individual(s) or corporations] with at least five percent (5%) ownership interest in the Sitter-Companion agency. Provide the required information as an 8.5" x 11" attachment. Number Attachment **9(a)**.
- 9(b). Full name(s), title, and address of person(s) under whose operation, management, or supervision the Sitter-Companion agency will be conducted. Please provide the required information on an 8.5" x 11" attachment. Number Attachment **9(b)**.
- 9(c). The full name(s) and address of all affiliated persons not listed in 9(a) or (b). "Affiliated Person" means:
- i.) Any officer, director or business partner of the applicant,
 - ii.) Any person employed by the applicant as a general or key manager who directs the operations of the entity which is the subject of the application,
 - iii.) Any person owning or controlling more than five percent (5%) of the applicant's debt or equity [63 O.S. Supp. 1996, Section 1-1965]. Provide the required information as an 8.5" x 11" attachment. Number Attachment **9(c)**.

10. BUSINESS PERCENTAGES OWNED:

- 10(a).** Provide the full name of entity, address, and percentage of interest of any legal entity in which the applicant(s) hold(s) a debtor equity interest of at least five percent (5%) or which is a parent company or subsidiary of the applicant(s). *“Subsidiary” means any person, firm, corporation or other legal entity which: (i) controls or is controlled by the applicant, (ii) is controlled by an entity that also controls the applicant, or (iii) the applicant or an entity controlling the applicant has directly or indirectly the power to control.* [Title 63 O.S. Supp. 1996, Section 1-1965]. Please provide the required information on an 8.5" x 11" attachment. Number Attachment **10(a)**.
- 10(b).** Provide the names, locations, and dates of ownership, operation, or management for all current and prior home care related agencies owned, operated, or managed in this state or in any other state by each applicant(s) or by any affiliated person(s). Include the percentage of ownership. Please provide the required information on an 8.5" x 11" attachment. Number the response **10(b)**.
- 10(c).** Provide a description of any ongoing organizational relationships which may impact operations in the State of Oklahoma that are not identified in 10(a)(b). Please provide the required information on an 8.5" x 11" attachment. Number the response **10(c)**.

11. CONVICTIONS:

(LIST CONVICTIONS OF THE APPLICANT(S) OR ANY AFFILIATED PERSON(S))

Any offense listed in Subsection F of Section 1-1950.1 of Title 63. An application for a license for a sitter-companion agency may be denied by the Commissioner of Health for any of the following convictions: assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery; murder or attempted murder; manslaughter, except involuntary manslaughter; rape, incest or sodomy; indecent exposure and indecent exhibition; pandering; child abuse; abuse, neglect or financial exploitation of any person entrusted to his care or possession; burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm; arson in the first or second degree; unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act; grand larceny; or petit larceny or shoplifting within the past seven (7) years. **List all applicants and affiliated persons who have an above listed conviction. Include the type of conviction.** Please provide the required information on an 8.5" x 11" attachment. Number Attachment **11**.

By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health; and have not been convicted of a felony, meaning a crime that would have a bearing on the operation of a sitter-companion agency. I attest to providing individual service plans, conducting criminal background checks and all other requirements of sections 310:662-8(1-7).

SIGNATURE OF APPLICANT(S)

Signature: _____ Typed Name: _____

Title or Position: _____ Date: _____

Signature: _____ Typed Name: _____

Title or Position: _____ Date: _____

**DETAILS FOR COMPLETING APPLICATION SECTIONS
NUMBERED FOR LICENSE TO OPERATE A SITTER OR
COMPANION SERVICE AGENCY**

1. **APPLICATION TYPE & LICENSE FEE:** Select the Application type. If CHOW is selected, list the prior name of the entity.
2. **REQUIRED ATTACHMENTS:** This is a list of the attachments that are required for a completed application.
3. **ENTITY:** The Entity name is the name for which the license will be issued, if the entity has a doing business name this should be provided with a copy of the Secretary of State Trade Name Report.
4. **ENTITY BUSINESS FORMAT/TYPE:** List the business type (i.e. Sole Proprietorship, Limited Liability Company, Cooperative, Corporation, Partnership, or other).
5. **PHYSICAL ADDRESS:** Physical address is the actual location of the business (please note an agency cannot be located in a home). The mailing address should identify where you would like any correspondence to be mailed.
6. **SUPERVISOR:** List the Supervisor that will be in charge of the agency and provide proof of qualifications and/or credentials. List the email address where entity correspondence should be sent. Include the telephone number, after hours number, and fax number for the entity.
7. **AGENCY OFFICE HOURS:** List the business office hours for the entity under the selected days of the week. (Note: the after hour number must be available during non-business hours).
8. **GEOGRAPHIC AREA:** Indicate the geographic extent of the entity's operation, by checking the space preceding the appropriate service area(s) by county. Indicate whether the agency provides service in less than an entire county of the selected items (such as a city or portion of a county).
9. **OWNERSHIP OF AGENCY:**
 - (a) List the name, mailing address, and finding address of every owner/stockholder with greater than 5% ownership interest in the entity listed in section 3 of this application; on a separate 8.5" x 11" attachment. Also include individuals and corporations and Board member names, titles and finding address on a separate 8.5" x 11" attachment; for government and corporation entities (such as Sole-proprietorship, partnership, corporation.).
 - (b) List the name, title, and finding address of those who will be responsible for managing the entity.
 - (c) List the name of any affiliated person with decision making ability for the entity listed in section 3 of this application; that have not previously been identified in item #9a, #9b, or #9c.
10. **Business Percentages:**
 - (a) List the name, address, and percentage of ownership of each entity that the applicant(s) have affiliation and/or ownership interest. Provide the list for each affiliate and applicant.
 - (b) List any previously owned/ affiliated health related entities for the applicant on a separate 8.5" x 11" attachment.
 - (c) List any organizational affiliation or relationships that might affect the entity's operation in the State of Oklahoma.
11. **CONVICTIONS:** List any affiliate or owner who have one of the designated convictions. Provide the name of the applicant/affiliate, and conviction on a separate 8.5" x 11" attachment.

Do not forget the required signatures for completion of the application.