APPLICATION DOCUMENTS
FOR
HOME HEALTH AGENCIES (HHA or HBR)
INITIAL/CHOW APPLICATION

DATE TO HCQC	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF $5,168.00 (HHA) **FEE OF $5358.00 (HBR)**	NAC 449.013
	BUSINESS LICENSE **ZONING APPROVAL**	NAC 449.011(4)(e) NRS 449.040(10)
	CERTIFICATE OF INSURANCE	NAC 449.758(4)
	SURETY BOND (must be ORIGINAL)	NRS 449.065
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	PARTNERSHIP AGREEMENT (if applicable)	NAC 49.011(4)(a)(4)
	ARTICLES OF INCORPORATION (for corporations only) **ARTICLES OF ORGANIZATION** (for LLC's only)	NAC 449.011(4)(g)
	GOVERNING BODY BYLAWS (for corporations only) **OPERATING AGREEMENT** (for LLC's only)	NAC 449.011(4)(g)
	3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	RESUME FOR ADMINISTRATOR	NAC 449.773(1)
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
	ADMINISTRATOR LICENSE (if applicable)	NAC 449.773(1)
	FORM INDICATING COMPLIANCE **WITH NRS 449.176 TO NRS 449.188**	NRS 449.176
	MEDICAL LABS ATTESTATION	NRS 652.080
	CERTIFICATE OF COMPLIANCE **FROM STATE FIRE MARSHAL**	NRS 449.150(1)
	BILL OF SALE (for CHOW only)	NRS 449.040(7)
	RENEWAL NOTICE ATTESTATION	

Posted 12/7/2011