

APPLICATION DOCUMENTS  
FOR  
**HOSPICE CARE – PROGRAM OF CARE (HPC)**  
INITIAL/CHOW APPLICATION

| DATE<br>TO HCQC | DOCUMENT  | REFERENCE                            |
|-----------------|---|--------------------------------------|
|                 | <b>APPLICATION FORM</b> (must be NOTORIZED ORIGINAL)  | NRS 449.040                          |
|                 | <b>FEE OF \$7,054.00</b>  | NAC 449.013                          |
|                 | <b>BUSINESS LICENSE<br/>ZONING APPROVAL</b>   | NAC 449.011(4)(e)<br>NRS 449.040(10) |
|                 | <b>LEASE AGREEMENT</b> (if applicable)  | NAC 449.011(4)(f)                    |
|                 | <b>PARTNERSHIP AGREEMENT</b> (if applicable)  | NAC 49.011(4)(a)(4)                  |
|                 | <b>ARTICLES OF INCORPORATION</b> (for corporations only)<br><b>ARTICLES OF ORGANIZATION</b> (for LLC's only)  | NAC 449.011(4)(g)                    |
|                 | <b>GOVERNING BODY BYLAWS</b> (for corporations only)<br><b>OPERATING AGREEMENT</b> (for LLC's only)   | NAC 449.011(4)(g)                    |
|                 | <b>3 YEAR BUSINESS HISTORY</b> (if less than 3 year history, then<br>resume(s) and 3 letters of reference for the applicant(s) including<br>corporate officers) | NAC 449.011(3)                       |
|                 | <b>FINANCIAL STATUS INFORMATION or STATEMENT</b>  | NAC 449.011(3)                       |
|                 | <b>3 LETTERS OF REFERENCE FOR ADMINISTRATOR</b>   | NAC 449.011(3)                       |
|                 | <b>MEDICAL LABS ATTESTATION</b>   | NRS 652.080                          |
|                 | <b>CERTIFICATE OF COMPLIANCE<br/>FROM STATE FIRE MARSHAL</b>  | NRS 449.150(1)                       |
|                 | <b>BILL OF SALE</b> (for CHOW only)   | NRS 449.040(7)                       |
|                 | <b>RENEWAL ATTESTATION</b>  |                                      |

Posted 12/7/2011