

HOSPICE LICENSURE APPLICATION
APPENDIX A
 (Attach/Submit Appendix with BCHS-HFD-100 Form)

Hospice Agency/Residence		
Address		
City	State	ZIP Code

1. Hospice Agencies and Residences – Services Offered			
Services	Service provided by:		Contractor Agency Name
	Licensee	Contractor	
Medical R 325.13302	<input type="checkbox"/>	<input type="checkbox"/>	
Physicians’ Assistants R 325.13303	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing R 325.13304	<input type="checkbox"/>	<input type="checkbox"/>	
Bereavement & Spiritual R 325.13305	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer R 325.13306	<input type="checkbox"/>	<input type="checkbox"/>	
Social Work R 325.13307	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hospice Residence Only			
For a new residence license, the applicant complies with MCL 333.21413(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Disclosure of Ownership Interests			
<p>R 325.13206(1) states that an applicant shall include the following information for a license:</p> <ul style="list-style-type: none"> a) Name, address, principal occupation, and official position of all persons with ownership interest in the hospice or hospice residence. b) Name, address, principal occupation, and official position of each trustee for a voluntary nonprofit corporation. c) If located on or in leased real estate, name of lessor and any direct or indirect interest in the applicant. <p>(2) The department will accept reports filed with the securities and exchange commission in place of subrule (1), if the report(s) contain the information required.</p> <p>The above information has been provided as an attachment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			