

LARA Use Only

Date Received
Facility Number

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

[Redacted] (Hospice Agency/Residence)		
[Redacted] (Address)		
[Redacted] (City)	[Redacted] (State)	[Redacted] (ZIP Code)

1. Hospice Residence

For a new residence license, the applicant complies with MCL 333.21413(2)? Yes No

Number of residence beds: [Redacted] This application is to increase the number of hospice residence beds? Yes No

The hospice residence provides:
 home care (MCL 333.21401(1)(a)) inpatient care (MCL333.21401(1)(c)) both

2. Hospice Services

Services	Service provided by:		Contractor Agency Name
	Licensee	Contractor	
Medical R 325.13302	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
Physicians' Assistants R 325.13303	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
Nursing R 325.13304	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
Bereavement & Spiritual R 325.13305	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
Volunteer R 325.13306	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
Social Work R 325.13307	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]

3. Disclosure of Ownership Interests

R 325.13206(1) states that an applicant shall include the following information for a license:
(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.
(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.

The above information has been provided as an attachment: Yes No