License Application Home and Community-Based Case Management Agency

| The following individual, agency, or organization hereby applies to be licensed as a Home and Community-Based Case Management Agency, in compliance with Chapter 11-800, Hawaii Administrative Rules. | | | | |
|---|---|---------------|--|--|
| Check below for the county(ies) you wish to serve as a Case Management Agency: | | | | |
| | City/County Honolulu E. Hawaii County W. Hawaii County Kauai Maui Molokai | Lanai | | |
| APPL | | | | |
| NAME | NAME OF APPLICANT (Individual/Agency/Organization): PHONE NUMBER: | | | |
| PHYSICAL ADDRESS: | | | | |
| MAILING ADDRESS: | | | | |
| NAME | IE AND TITLE OF PRINCIPAL CONTACT: PHONE NUMBER: | PHONE NUMBER: | | |
| EMAIL ADDRESS | | | | |
| The following materials must be submitted with this signed application form: | | | | |
| 1. <i>A</i> | A written statement of services to be provided. | | | |
| | Information relating to the applicant's organization and administration, such as, but not limited to, organizational chart, administrative policy and procedures. | | | |
| | A signed financial statement that describes the policies and procedures governing internal controls of financial matters and includes information on revenues and expenses for the previous fiscal year related to services provided. | | | |
| | Information on the number of staff members and the staff members' duties, educational backgrounds, and work experiences such as but not limited to resumes and agency applications and/or complete employee records; and | | | |
| 5. E | Background check documents, as provided in Section 11-800-7.1 (this must include the appropriate background checks for all employees). | | | |
| Note: The date of the application shall be the date CTA receives all required forms and information necessary for CTA to make a disposition, including any exemptions to background checks from the Department of Health. | | | | |

CTA will dispose of an application on the 60TH day from the date of application, if incomplete. If incomplete, CTA will return your application along with a letter explaining any missing or incomplete information.

An onsite agency inspection will be scheduled for all complete applications received therefore, applicant must be prepared for a CTA onsite inspection prior to submitting an application.

Please do not call CTA until 15 working days after mailing the completed application to allow for processing.

| PRINT NAME OF PRINCIPAL CONTACT | TITLE | PHONE NUMBER |
|---------------------------------|-------|--------------|
| | | |

SIGNATURE

DATE