



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH CARE FACILITIES  
665 MAINSTREAM DRIVE, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243  
(615) 741-7221**

**HOME HEALTH AGENCY  
RENEWAL APPLICATION**

*All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://tennessee.gov/health/topic/hcf-professionals>. Please check this website periodically for updates.*

Name of the Facility/Agency \_\_\_\_\_

Facility License Number \_\_\_\_\_

**Location of the Facility:**

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Twenty-four (24) Hour Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Administrator \_\_\_\_\_

**Mailing address if different from the Facility location address:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Ownership of Building:**

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Geographic area served by Agency:** (list county or counties) *If additional space is needed, please use a separate page.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If yes, list names and addresses of all such facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. a. Do you have a contract with a management firm to operate this facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_

b. If yes, specify name of firm: \_\_\_\_\_

Street \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FEES: REFER TO THE FEE RENEWAL INVOICE ENCLOSED WITH THIS APPLICATION.  
FEES ARE NON-REFUNDABLE.**

**VERIFICATION BY APPLICANT:**

Signee for application verifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also verifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

\_\_\_\_\_  
Applicant Signature Title or Position Date