**CHANGE OF OWNERSHIP CHECKLIST**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Completed CHOW Application

 [ ]  Letter of Intent from New Owner

 [ ]  Bill of Sale

 [ ]  Percentage of Ownership for New Purchaser(s)

 [ ]  Ownership Structure of both old provider and new provider - Copy of the organizational

 chart for both agencies, including position titles of key administrative personnel and

 governing body

 [ ]  FNR Approval

[ ]  FNR Payment of non-refundable $200.00 fee. Date paid \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Completed Licensure Application with CHOW checked at the top

[ ]  CHOW Payment of non-refundable $600.00 fee. Date paid \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Statement of information, to include and validate:

1. type of service: PCA, SIL, In-home Respite, CBR, SFC, ADC, SE, MICH , and/or FS
2. days and hours of operation; and
3. licensed capacity (if CBR or ADC); and
4. number of buildings used by clients (if center-based services); and
5. publication of 24 hour telephone number

[ ]  Key Personnel Change Form

 Signature of current Administrator on the Change in Key Personnel Form (cannot be the same

 as the “proposed administrator”. If the current Administrator is not available, obtain the

 signature of an owner or President of the Board)

[ ]  Copy of Administrator’s resume

1. Include months by years
2. Include populations worked with, i.e., elderly, developmentally disabled

[ ]  Evidence that proposed Administrator is a resident of Louisiana

[ ]  Evidence that the proposed Administrator received a high school diploma or equivalent

[ ]  Evidence that the proposed Administrator has one of the following:

 [ ]  a) Bachelor’s degree, plus a minimum of four years of verifiable experience working in a field

 providing services to the elderly and/or persons with developmental disabilities;***or***

[ ]  b) A minimum of six years of verifiable experience working in a health or social service related

 business, plus a minimum of four additional years of verifiable experience working in a field

 providing services to the elderly and/or persons with developmental disabilities; ***or***

 [ ]  c) An RN licensed and in good standing with the LSBN and have at least two years’ experience

 in providing care to the elderly or to adults with disabilities.

[ ]  Copy of statewide criminal background check and sex offender registry status, conducted by

 the Louisiana State Police or its authorized agent. Each owner must be at least aged 18 years.

 [ ]  For Administrator

 [ ]  For New Owners

[ ]  Copy of certificates of completion of the LDH online provider training

 [ ]  For Administrator

 [ ]  For New Owners

[ ]  Copy of the Office of State Fire Marshal’s on-site inspection report (if CBR or ADC)

[ ]  Copy of Office of Public Health’s inspection report (CBR or ADC)

[ ]  Copy of Office Floor Plan with entrance and exit doors indicated

[ ]  Proof of a line of credit issued from a federally insured, licensed lending institution in the

 amount of at least $50,000 that is: current at the time of submission of the application for

 licensure; issued to/in the name of the applicant at the geographic location shown on the

 application for licensure

[ ]  Proof of General Liability Insurance in the amount of at least $300,000 that is current and in

 effect at the time of license application and,

[ ]  Proof of Professional Liability Insurance in the amount of at least $300,000 that is current and

 in effect at the time of license application and,

[ ]  Proof of worker’s compensation insurance that is current and in effect at the time of license

 application and,

[ ]  Certificate holder should be identified as: The Louisiana Department of Health, Health

 Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767. (LDH, HSS)

[ ]  Completed Disclosure of Ownership & Controlling Interest Statement which includes any

 controlling interest or ownership in any other licensed agencies