**Home and Community Based Service Providers (HCBS)**

**Change of Name Checklist**

[ ] Licensing Application with Change of Name checked at the top and Service Modules checked:

[ ] **PCA** [ ] **SIL** [ ] **SIL Shared Living Conversion** [ ] **Family Support** [ ] **Respite In-Home**

[ ] **Respite – Center Based** [ ] **MIHC** [ ] **Supported Employment** [ ] **Substitute Family Care**

[ ] **ADC**

[ ] Payment Transmittal Form – send funds to Dallas – **DO NOT** send funds to Health Standards Section

[ ] Proof of a Line of Credit in the amount of at least $50,000.00

[ ] Proof of General Liability Insurance in the amount of at $300.000.00

[ ] Proof of Professional Liability Insurance in the amount of at least $300,000.00

[ ] Proof of Worker’s Compensation Insurance in any amount

[ ] For Insurance, the Certificate Holder must be listed as Louisiana Department of Health, Health

 Standards Section, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767

 (LDH, HSS, P.O. Box 3767, B.R., LA 70821-3767)

[ ] Disclosure of Ownership & Controlling Interest Form

\*All documents should list the new name

\*\*Email is the preferred way for us to receive documents – HSS-HC-SC-Licensing@la.gov

 Mail: Health Standards Section, HCBS, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767

 Fax# 225-342-5073