**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](mailto:HSS-HC-SC-Licensing@la.gov)

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

Fax# 225-342-5073