**Home and Community Based Services Provider (HCBS)**

**Change in Key Personnel Checklist**

[ ] Completed Change in Key Personnel Form

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

 “proposed administrator”. If the current Administrator is not available, please obtain the signature of

 an owner)

[ ]  Evidence that proposed Administrator is a resident of Louisiana

1. Preferably a copy of a Louisiana Driver’s License or State ID Card

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

[ ]  Copy of proposed Administrator’s resume

1. Include the months of employment by the years of employment
2. For each applicable employment, list the populations worked with, i.e., elderly and/or developmentally disabled

[ ]  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 the proposed Administrator’s recent criminal background check report, which includes a

 National Sex Offender Registry check. Report must be completed by a Louisiana State Police

 Authorized agency.

**NOTE:** Please DO NOT send a copy of your Social Security Card