

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation & Licensing Administration



Intermediate Care Facilities Division
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Mailing Address
899 North Capital Street N.E. 2nd Fl.
Washington, D.C. 20002

License Renewal Application Instructions
Home Care Agency

Dear Provider,

Please follow the checklist below for completing the application and return for processing.

1. Complete Notarized Application
2. Licensure Fee
3. Insurance Verification Form(to include the expiration date)
4. Certificate of Good Standing (for current year with seal)
5. Clean Hand Act Certification Form (DOH Certification Form)

The renewal application must be completed 90 days before your agency license expire. Please note that no inspection will be conducted unless the renewal application and annual licensure fee are received by 90 days before your agency license expire. **Failure to submit the application with the annual licensure fee (check or money order) will result in your application not being processed. All checks or money orders must be made payable to the “D. C. Treasurer”.**

The license fees for community residence facilities are as follows (Title 22 of the District of Columbia Municipal Regulations (DCMR), Public Health and Medicine, Chapter 39, Home Care Agencies:

<u>Number of Patients</u>	<u>Annual Fee</u>	<u>Late Fee</u>
1-150	400	100
151-750	700	100
751-1250	1100	100
1251 or more	1300	100

If you have any questions regarding this matter, please contact Louis Woodard, Supervisory Social Worker, Intermediate Care Division at (202) 724-8800.