Howard County Office on Aging and Independence

APPLICATION FOR THE HOME CARE REGISTRY - AGENCY

AGENCY NAME: _____ **DATE:** _____

Address: _____

Phone: _____ Alt. Phone: _____ E-mail: _____

Agency Owner Name: _____

Agency Manager Name(if different than owner): _____

Is your agency licensed and bonded? Yes No

Is your agency licensed by the State of Maryland, Department of Health and Mental Hygiene, as a Nursing Staff Agency? Yes No If yes, license # _____

Is your agency licensed by the State of Maryland, Department of Health and Mental Hygiene, as a Nursing Referral Service Agency? Yes No If yes, license # _____

Do you have at least one Registered Nurse on staff that performs initial assessments and creates a plan of care with the client and/or caregivers? Yes No

Does your agency accept medical insurance as payment for services? Yes No

Does the agency have experience working with individuals who are or have:

☐ Blind ☐ Deaf ☐ Incontinent ☐ Alzheimer/Dementia ☐ Younger Persons with Disabilities

Indicate if you are willing to perform the following duties - please check all that apply:

☐ Companion Care	☐ 24 hour care	☐ Light Cleaning	☐ Transportation
☐ Lifting	☐ Heavy Cleaning	☐ Toileting	☐ Reading Mail
☐ Meal Preparation	☐ Grooming	☐ Shopping	☐ Medication Reminders
☐ Overnight Care	☐ Laundry	Other:	

Special Training, License(s) and Certificate(s): _____

List languages spoken by staff: _____

Howard County Office on Aging and Independence

APPLICATION FOR THE HOME CARE REGISTRY - AGENCY

Days/Hours Available:	

I hereby authorize the Office on Aging and Independence to publish my agency's name and the information on the Home Care Registry for use by private citizens who may be interested in utilizing the services of my agency. I understand that neither Howard County Government nor the Office on Aging and Independence endorse any one agency. This information is published as a courtesy for Howard County residents and does not constitute a guarantee of referrals to the agency.

Name:		Phone:	
Signature:		Date:	

Please complete and return by mail, e-mail or fax to:

Office on Aging and Independence
9830 Patuxent Woods Drive
Columbia, MD 21046
Attention: Jeanne White-Davis
jwhitedavis@howardcountymd.gov
410-313-6540 (fax)

Please direct any questions to: Jeanne White-Davis 410-313-6410 (office)

Rev 06/20/2018