

PARTNERSHIP/CORPORATION/LIMITED
LIABILITY COMPANY ORGANIZATION STRUCTURE

(Page one (1) is for corporations and Limited Liability Companies only. Please see page two (2) for public agencies, partnerships, and other associations.)

IMPORTANT: This form must be updated and submitted to the Department each time there is a change in partners, officers or changes in the corporation or Limited Liability Company.

DATE
HOME CARE ORGANIZATION NAME
HOME CARE ORGANIZATION MAILING ADDRESS
HOME CARE ORGANIZATION NUMBER

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)				
1. NAME (AS FILED WITH THE SECRETARY OF STATE)		2. CHIEF EXECUTIVE OFFICER OR EQUIVALENT		
3. INCORPORATION/REGISTRATION DATE		4. PLACE OF INCORPORATION/REGISTRATION		5. CORPORATION/LIMITED LIABILITY COMPANY NUMBER
6. PLEASE ATTACH (1) A COPY OF ARTICLES OF INCORPORATION OR ORGANIZATION AND ANY AMENDMENTS (2) A COPY OF BY-LAWS OR OPERATING AGREEMENT AND ANY AMENDMENTS (3) A COPY OF RESOLUTION AUTHORIZING THE FILING OF THIS APPLICATION (FOR CORPORATIONS ONLY).				
7. PRINCIPAL OFFICE OF BUSINESS		CITY	COUNTY	ZIP CODE
7a. CONTACT PERSON		TITLE		AREA CODE/TELEPHONE ()
7b. AGENT FOR SERVICE OF PROCESS		ADDRESS		
8. OUT OF STATE OR FOREIGN APPLICANTS COMPLETE THE FOLLOWING:				
8a. NAME OF CALIFORNIA REPRESENTATIVE		MAILING ADDRESS	ZIP CODE	AREA CODE/TELEPHONE ()
8b. PLEASE ATTACH A COPY OF A FOREIGN CORPORATION'S OR FOREIGN LIMITED LIABILITY COMPANY'S REGISTRATION TO DO BUSINESS IN CALIFORNIA.				
9. NAMES AND ADDRESSES OF ALL PERSONS WHO HOLD A TEN PERCENT (10%) OR MORE BENEFICIAL OWNERSHIP INTEREST IN CORPORATION OR LIMITED LIABILITY COMPANY (ATTACH SHEET FOR ADDITIONAL SPACE). IF OWNERSHIP INTEREST IS INDIRECTLY HELD, PROVIDE A DIAGRAM SHOWING A CHAIN OF OWNERSHIP AND THE INTERESTS HELD AT EACH LEVEL.				
NAME	PERCENTAGE HELD	ADDRESS		
10. DIRECTORS (CORPORATION)/MANAGERS AND MANAGING MEMBERS (LIMITED LIABILITY COMPANY)				
10a. NUMBER OF DIRECTORS/MANAGERS AND MANAGING MEMBERS		10b. TERM OF OFFICE (IF APPLICABLE)	10c. FREQUENCY OF MEETINGS (IF APPLICABLE)	
10d. METHOD OF SELECTION (CORPORATIONS ONLY)				
11. OFFICERS (FOR LLCs WITHOUT OFFICERS, SKIP NUMBERS 11 - 12 AND GO TO SECTION II)				
OFFICE	NAME	PRINCIPAL OFFICE OF BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	AREA CODE/TELEPHONE	TERM EXPIRATION DATE
PRESIDENT/CHAIRMAN			()	
VICE PRESIDENT			()	
SECRETARY			()	
TREASURER			()	
CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR			()	

12. LIST ALL DIRECTORS (CORPORATION)/MANAGERS AND MANAGING MEMBERS (LIMITED LIABILITY COMPANY). ATTACH SHEET FOR ADDITIONAL SPACE.

NAME	MAILING ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	AREA CODE/TELEPHONE	TERM EXPIRATION DATE
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		()	
		()	
		()	
		()	
		()	

II. PUBLIC AGENCY

1. CHECK TYPE OF PUBLIC AGENCY

☐ FEDERAL ☐ STATE ☐ COUNTY ☐ CITY ☐ OTHER (SPECIFY BELOW)

2. AGENCY PROVIDING SERVICES

2a. AGENCY NAME	ADDRESS	CITY	STATE	ZIP CODE
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2b. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

3. DISTRICT OR AREA TO BE SERVED (ATTACH MAP IF NECESSARY)

4. PLEASE ATTACH A COPY OF RESOLUTION OR LEGAL DOCUMENT AUTHORIZING THIS APPLICATION

III. PARTNERSHIPS

1 ST GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
2 ND GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
3 RD GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
4 TH GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
5 TH GENERAL PARTNER	NAME	AREA CODE/TELEPHONE ()		
	PRINCIPLE BUSINESS ADDRESS (OTHER THAN HOME CARE ORGANIZATION ADDRESS)	CITY	STATE	ZIP CODE
CONTACT PERSON		TITLE	AREA CODE/TELEPHONE ()	

IV. OTHER ASSOCIATIONS

OTHER ASSOCIATES MUST ALSO PROVIDE, AND ATTACH TO THIS FORM, A SIMILAR LIST OF PERSONS LEGALLY RESPONSIBLE FOR THE ORGANIZATION, CONTACT PERSON, AND APPROPRIATE LEGAL DOCUMENTS WHICH SET FORTH LEGAL RESPONSIBILITY OF THE ORGANIZATION AND ACCOUNTABILITY FOR OPERATING THE HOME CARE ORGANIZATION.