Caregiver Registry Application

Click Here For Caregiver Registry Administrative Rules

Type of Action		
New registry*: ☐		
License renewal*: ☐ **(Due at least 30 days before the current expiration date)**	License #:	
Change request: ☐	☐Name (complete Facility Information Section) ☐Address (complete Facility Information Section) ☐Ownership ☐Administrator ☐Other (specify)	Effective date(s) of change(s): Additional information about requested change (attach additional pages as needed):

*Fee payment required (see page 2 for amount).

Facility Information – For change-only applications, complete the Facility Name and any changes selected above		
☐ Parent registry	☐ Branch/subunit	
Registry legal name:		
Registry Doing Business As (DBA) name (if applicable):		
Registry physical address, city, state & zip:		
Phone:	Fax:	County:
Registry mailing address (if different from above):		
Registry email:		
Administrator name:	Administrator phone:	
Administrator email:		
Emergency contact name:	Emergency contact phone:	
Emergency contact email:		

Describe the geographic service area for this parent registry/branch/subunit. OAR 333-540-0010(11):	
Days of operation:	Hours of operation:
Office hours: Days	Times:

Owner Information (If partnership or corporation, list each person having 5% or more interest on an additional page)		
Ownership Type: For-Profit ☐ Non-Profit ☐		Tax ID#:
Ownership category: (Choose one)		
Corporation or LLC ☐	Partnership ☐	Individual ☐
Other (specify): ☐		
Name of Owner(s):		
Address, City, State & ZIP of Owner(s):		
Phone:	Fax:	County:

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct, and complete. I will notify Health Care Regulation and Quality Improvement, in writing, of any changes in this information within 30 days of such change.

_____ _____

Administrator's Signature **Print Name**

_____ _____

Print Title **Date (mm/dd/year)**

The person who filled out this application form	
Name:	Email:
Title:	Phone:

Fee Schedule All application fees are non-refundable	
New registry	$1,500.00 for parent registry/ $750.00 for each subunit
Registry renewal	$750.00 for parent registry/ $750.00 for each subunit
Change of ownership	$350.00 for parent registry/ $350.00 for each subunit

Make check payable to: **Oregon Health Authority**

Mail payment and application to: **HFLC**
PO Box 14260
Portland, OR 97293

Questions? Phone: 971-673-0540 (option 3) **Email:** mailbox.inhomecare@odhsoha.oregon.gov

HCRQI Office Use Only
Renewal Licensure/change: Approved:_____ Denied:_____ Withdrawn:_____ Initials:_____ Date:_____
CASH OFFICE: QC 621 initial / QC 622 renewal