Office of Health Facilities

Application for Change of Ownership

Reference Guide for New Applicants

Let’s begin!

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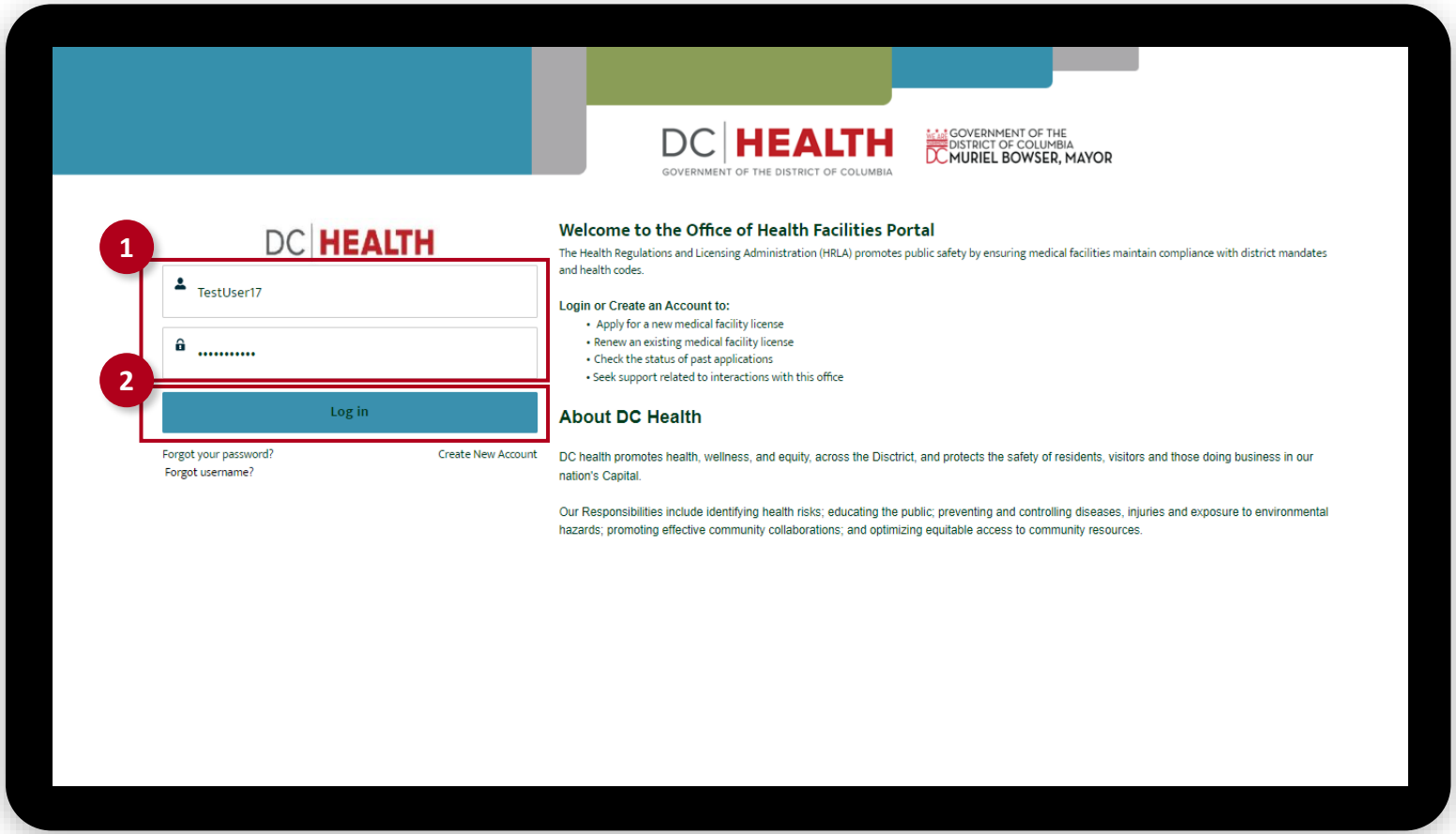
Log In to the Platform

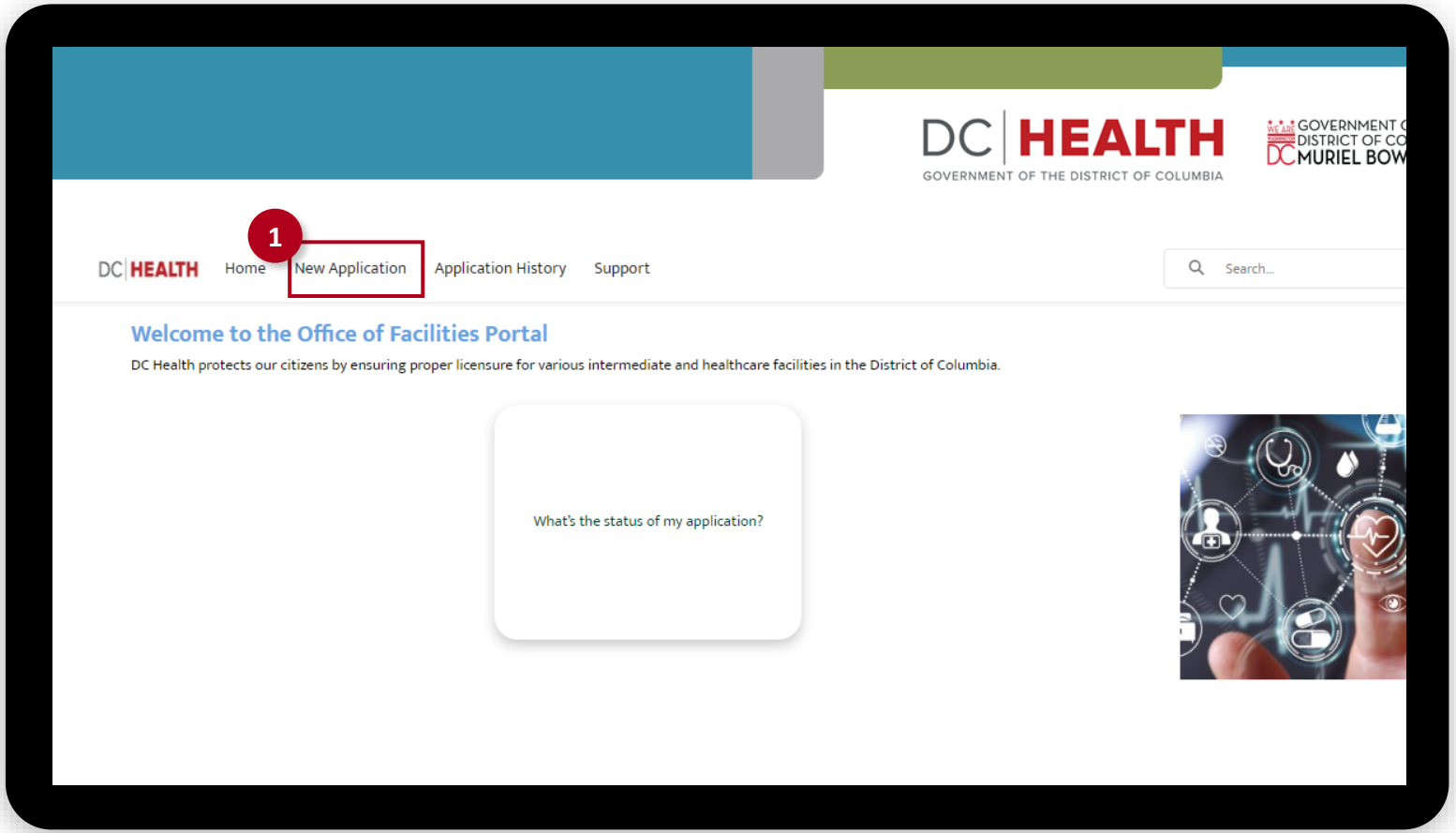
1. Enter your **username** and **password**.
2. Click the **Log In** button.



TIP: If you don't have an account click the **Create New Account** link.

Navigate to the New Application Screen

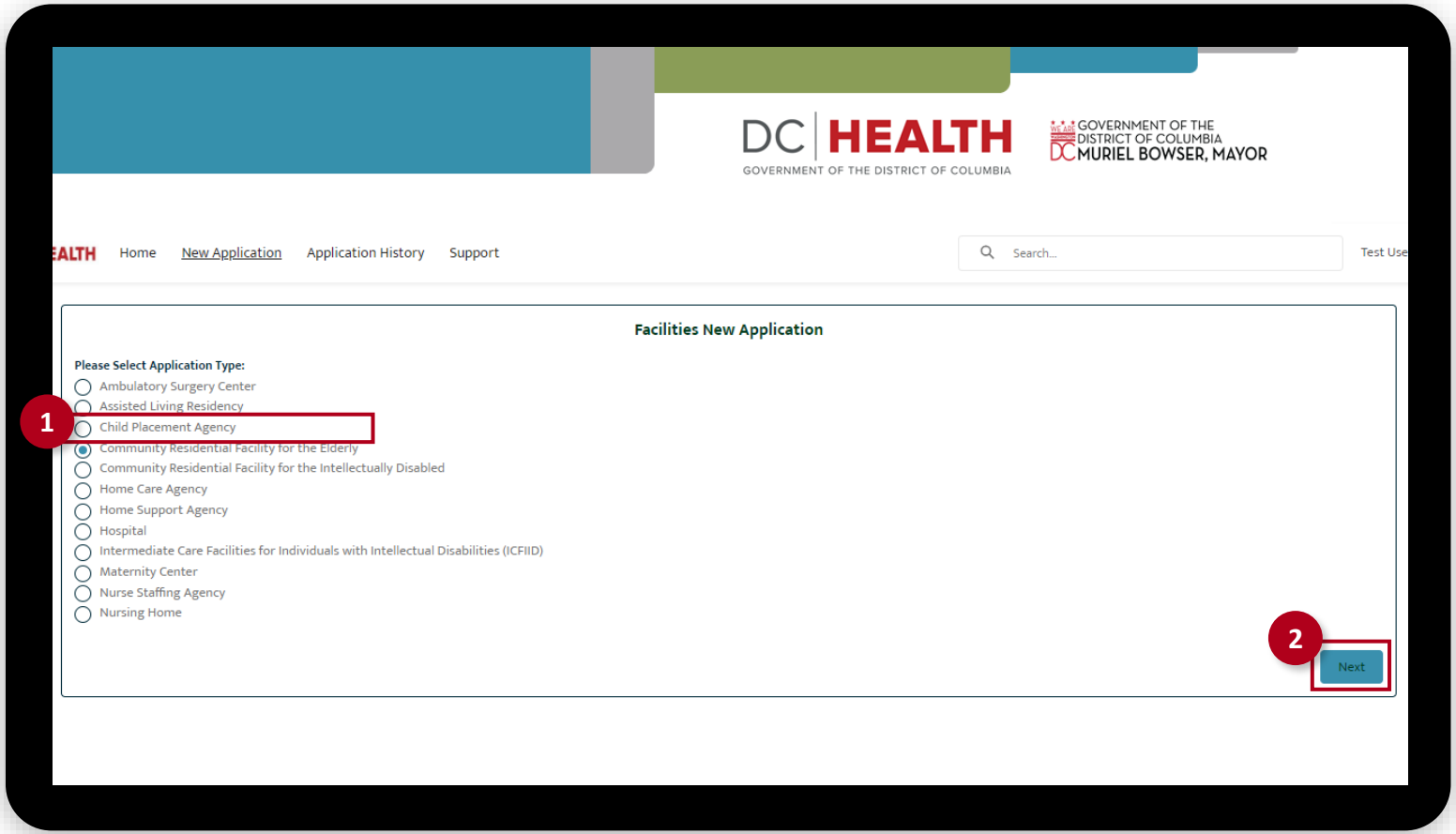
1. Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



Select the Application Type

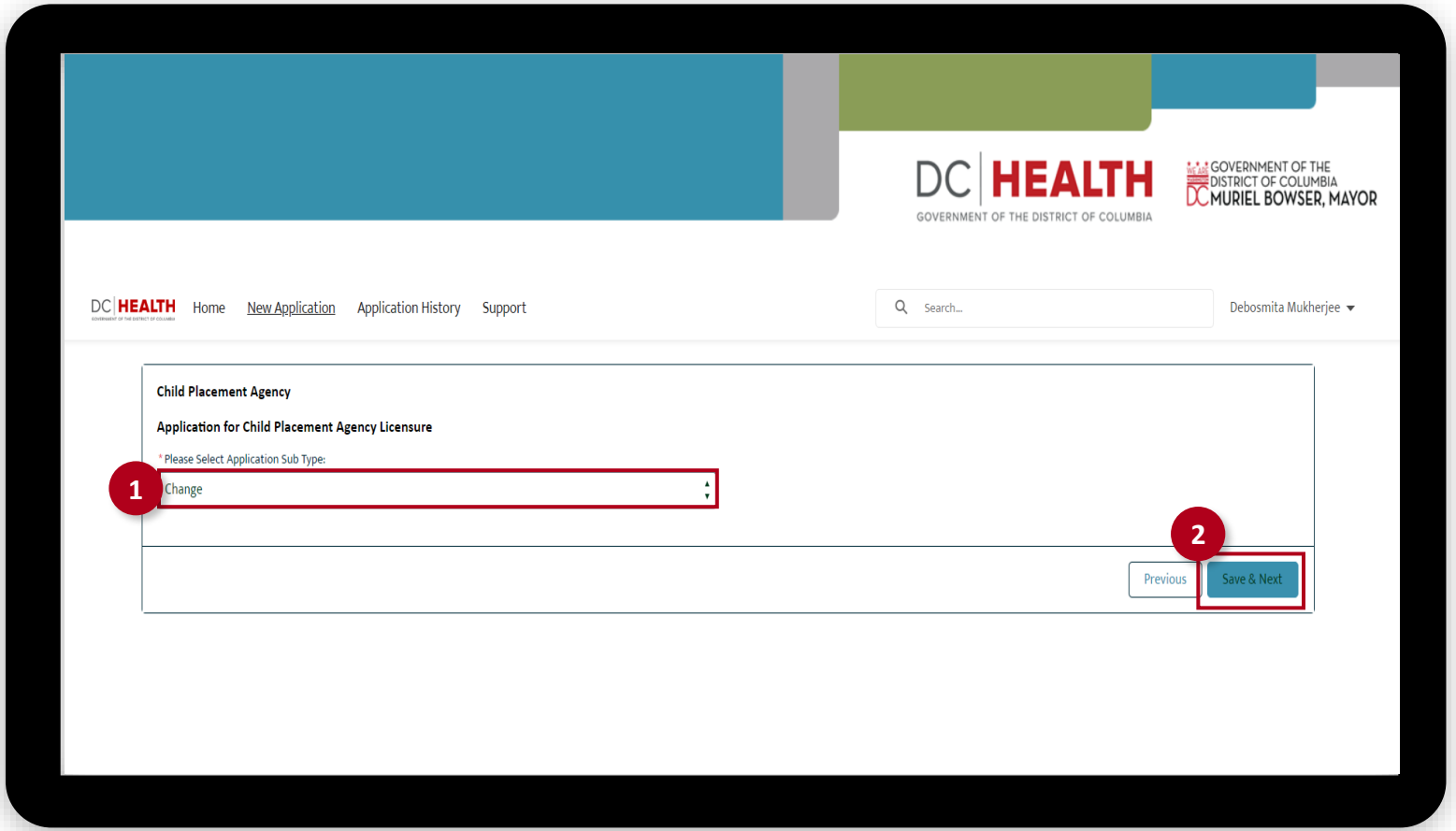
1. Select the appropriate option from the list.

2. Click the **Next** button.



Select the Application Sub Type

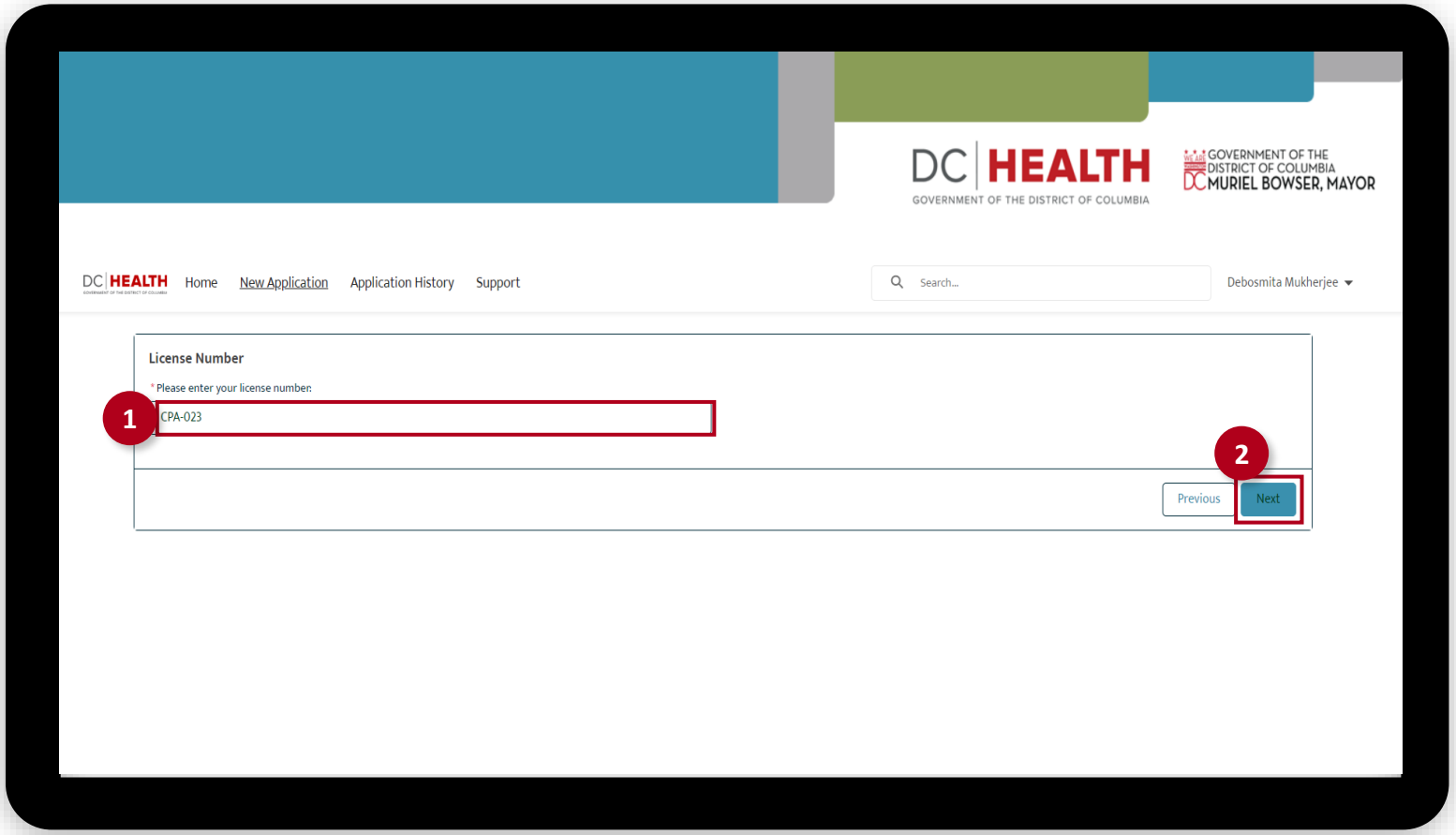
1. Select the **Change** option from the drop-down list.
2. Click the **Save & Next** button.



Enter License Number

The licensee is the legal entity who has the ultimate responsibility and authority for the conduct of the facility.

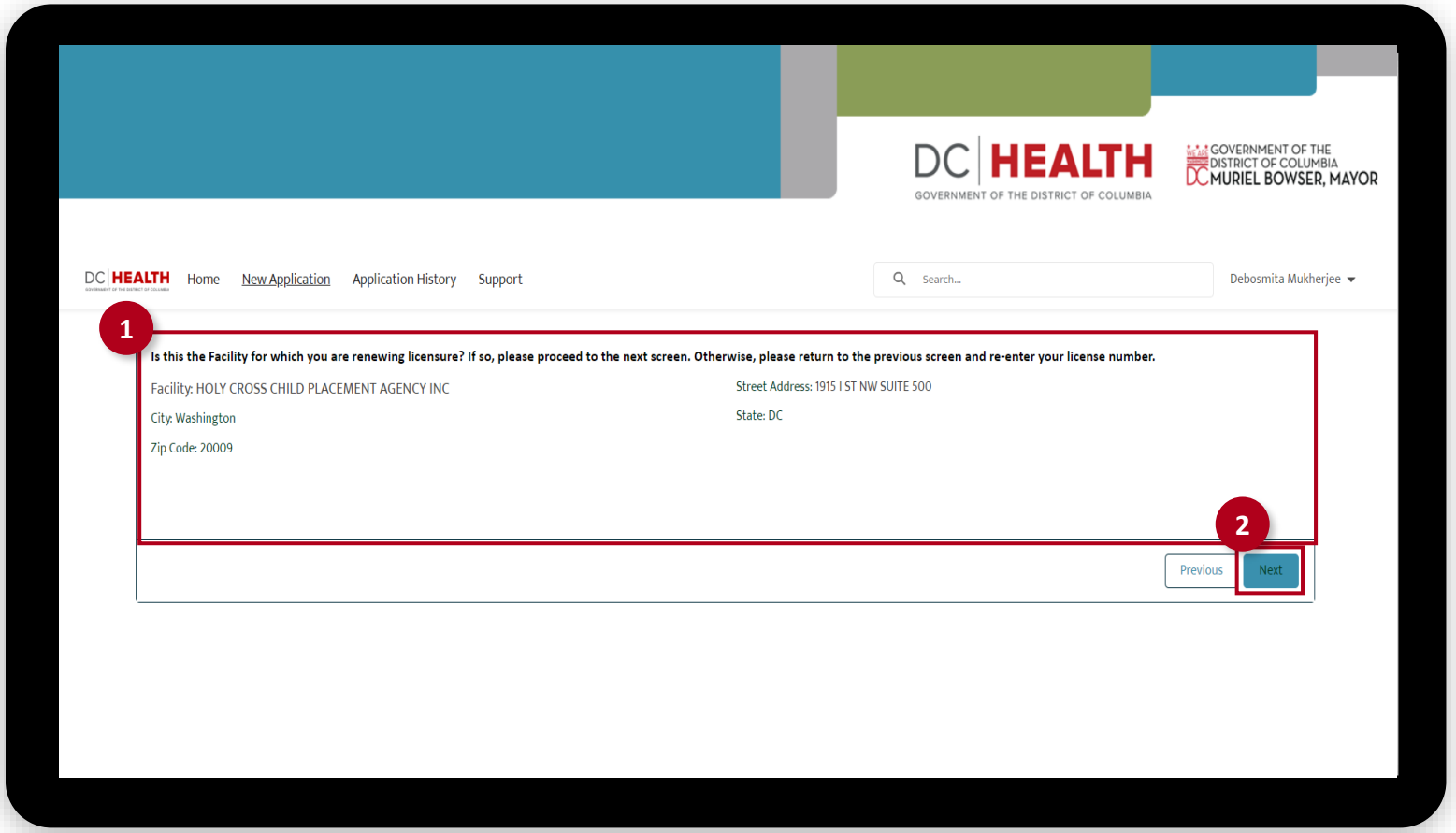
1. Enter your license number in the **License Number** field.
2. Click the **Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Verify the License Information

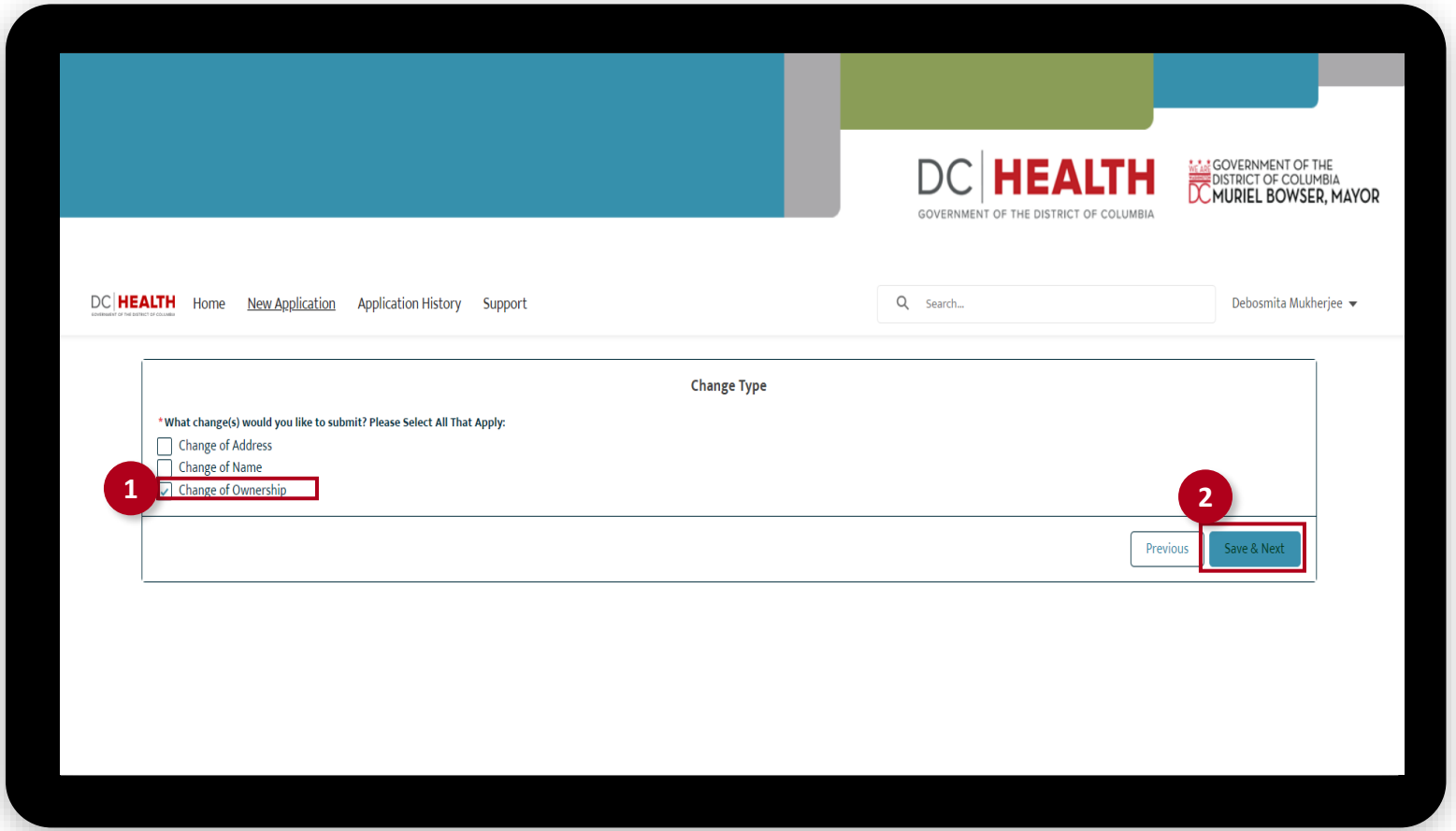
1. Verify the details of the license.
2. Click the **Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Select the Changes

1. Check mark the **Change of Ownership** option from the list.
2. Click the **Save & Next** button.



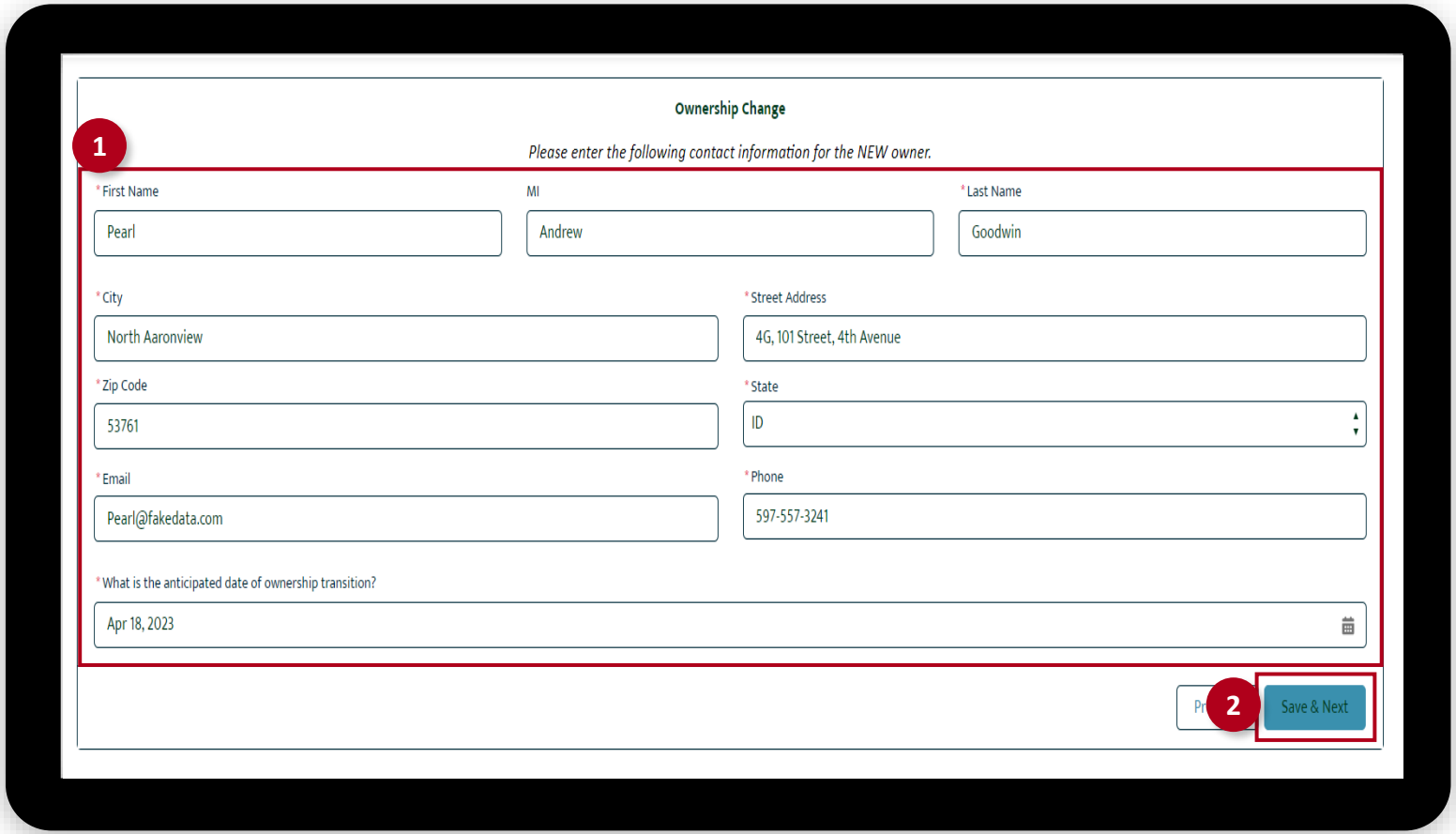
*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If you need to make multiple changes, check mark all that apply from the list.

Fill in the New Owner Information

1. Fill in relevant details under the new owner section.

2. Click the **Save & Next** button.



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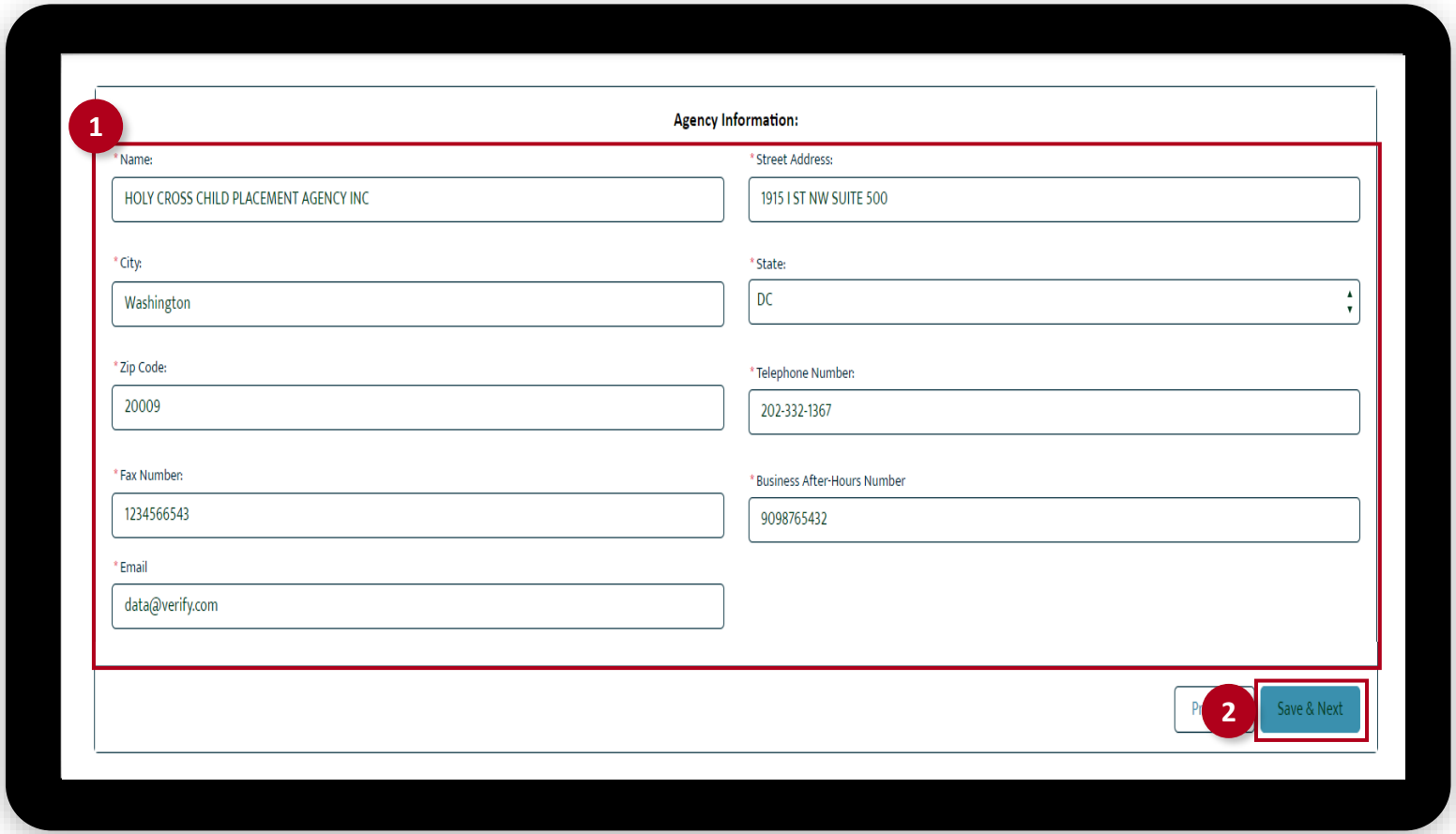
Verify Agency Information

1. Verify the contact details of the **Agency Information**.
2. Click the **Save & Next** button.



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Verify the Executive Director Information

1. Verify the contact details of the **Executive Director Information**.
2. Click the **Save & Next** button.

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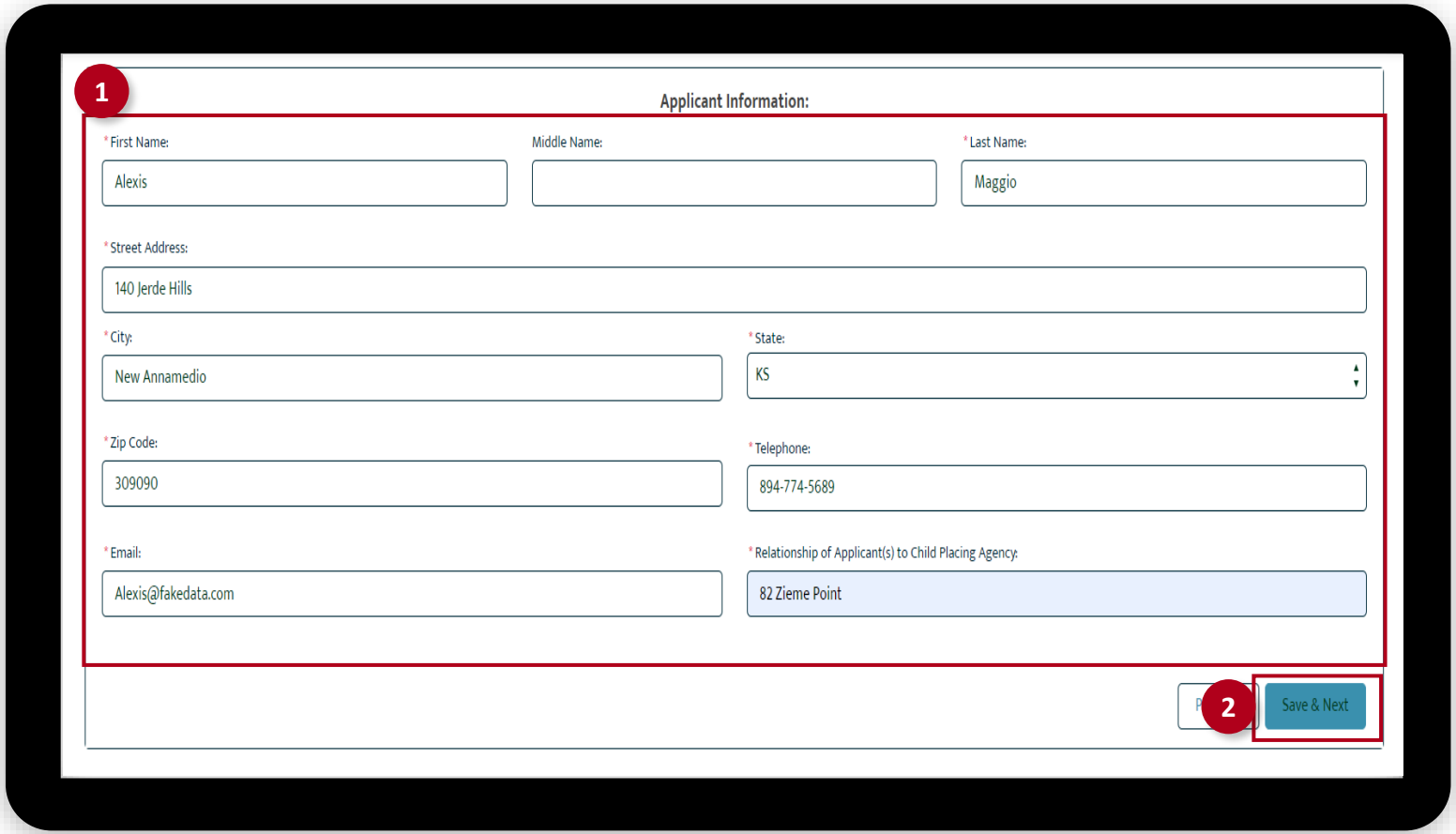
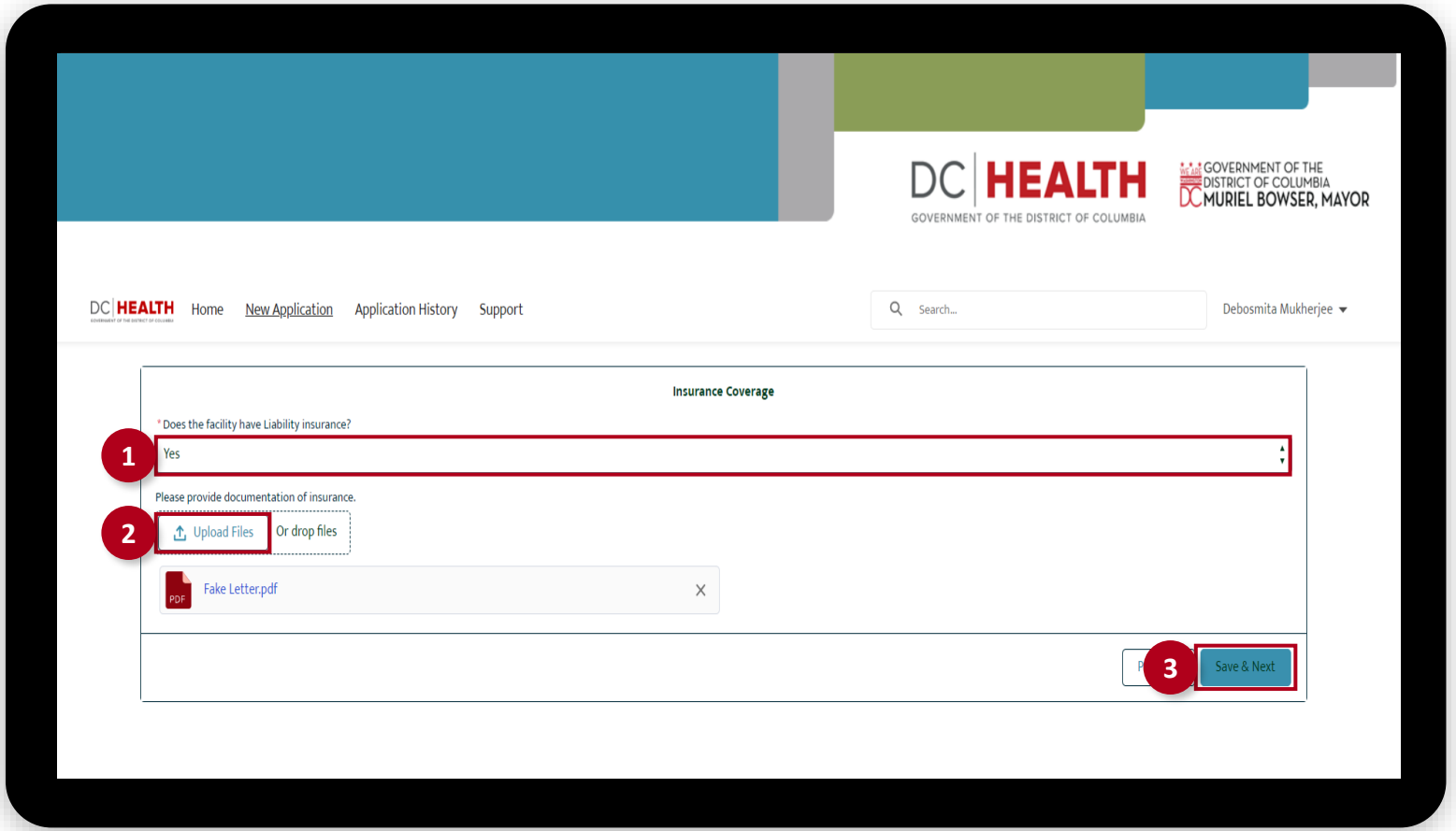
Fill in the Applicant Information

1. Fill in the **Applicant Information**.
2. Click the **Save & Next** button.



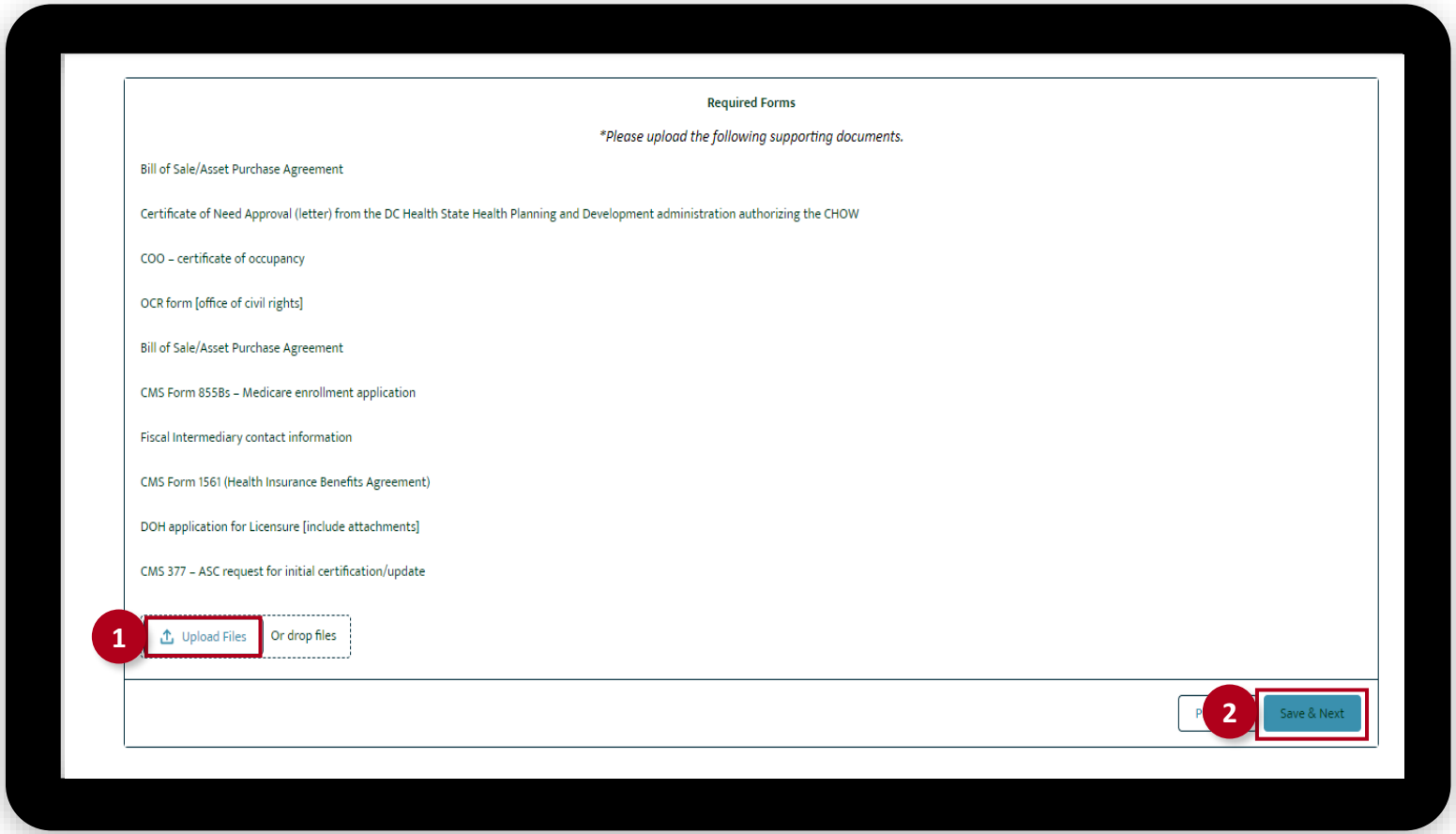
Upload the Insurance Coverage Details

1. Select the **Yes** option from the list.
2. Upload the formal letter from the provider in pdf format only.
3. Click the **Save & Next** button.



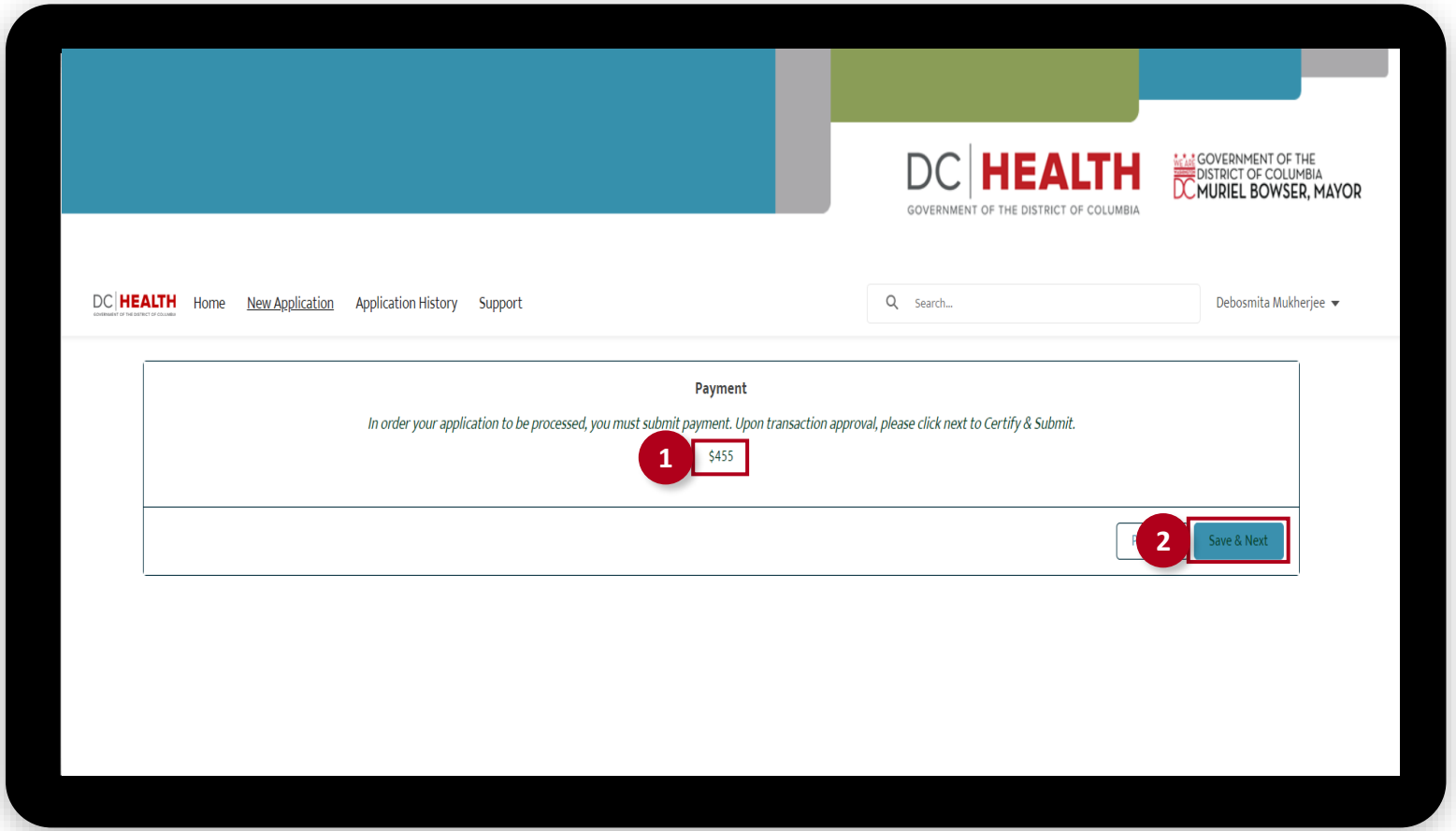
Upload the Supporting Documents

1. Upload the supporting documents to the Insurance Coverage.
2. Click the **Save & Next** button.



Verify the Fee Details

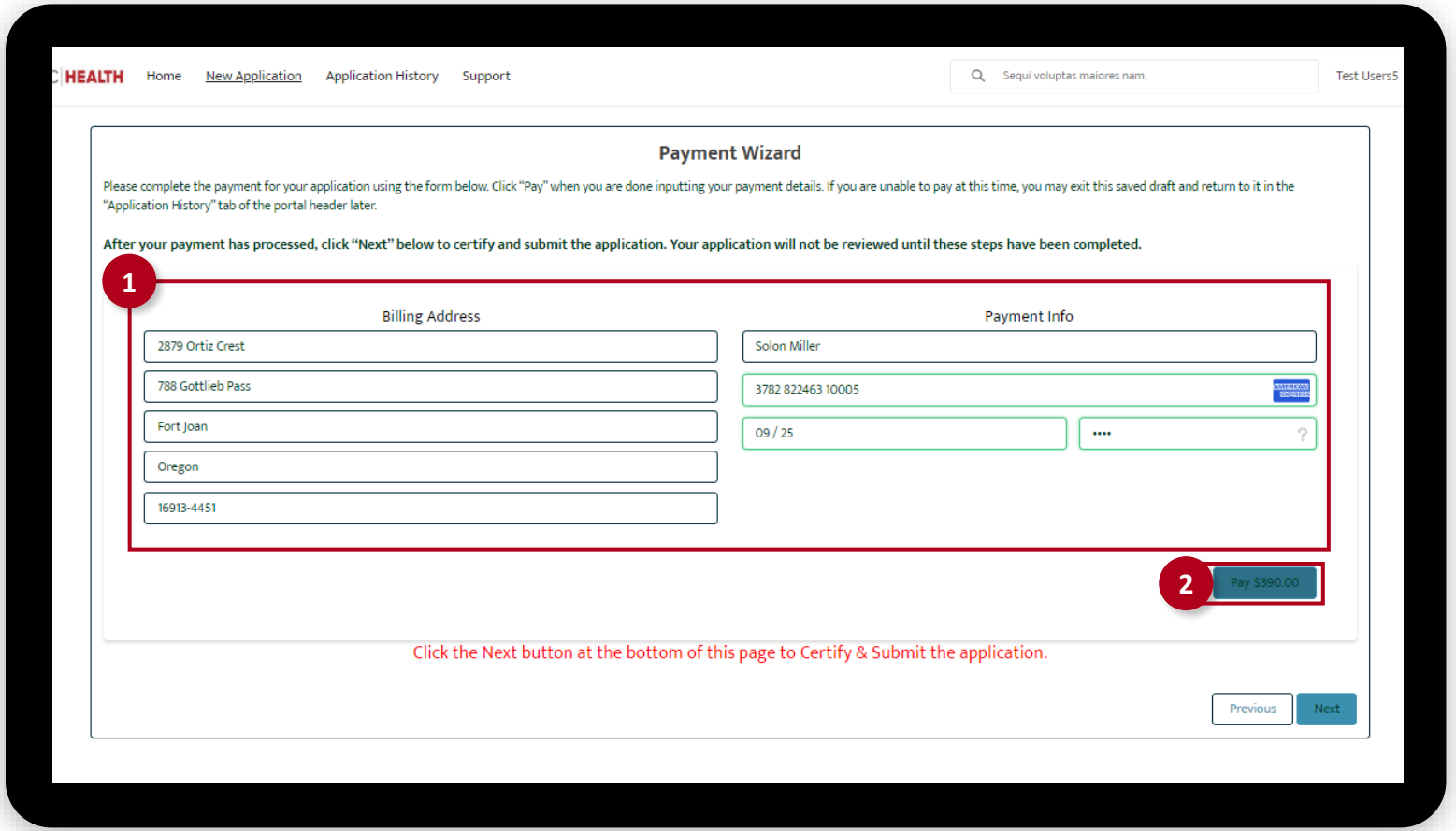
1. Verify the fee details.
2. Click the **Save & Next** button.



Payment Wizard

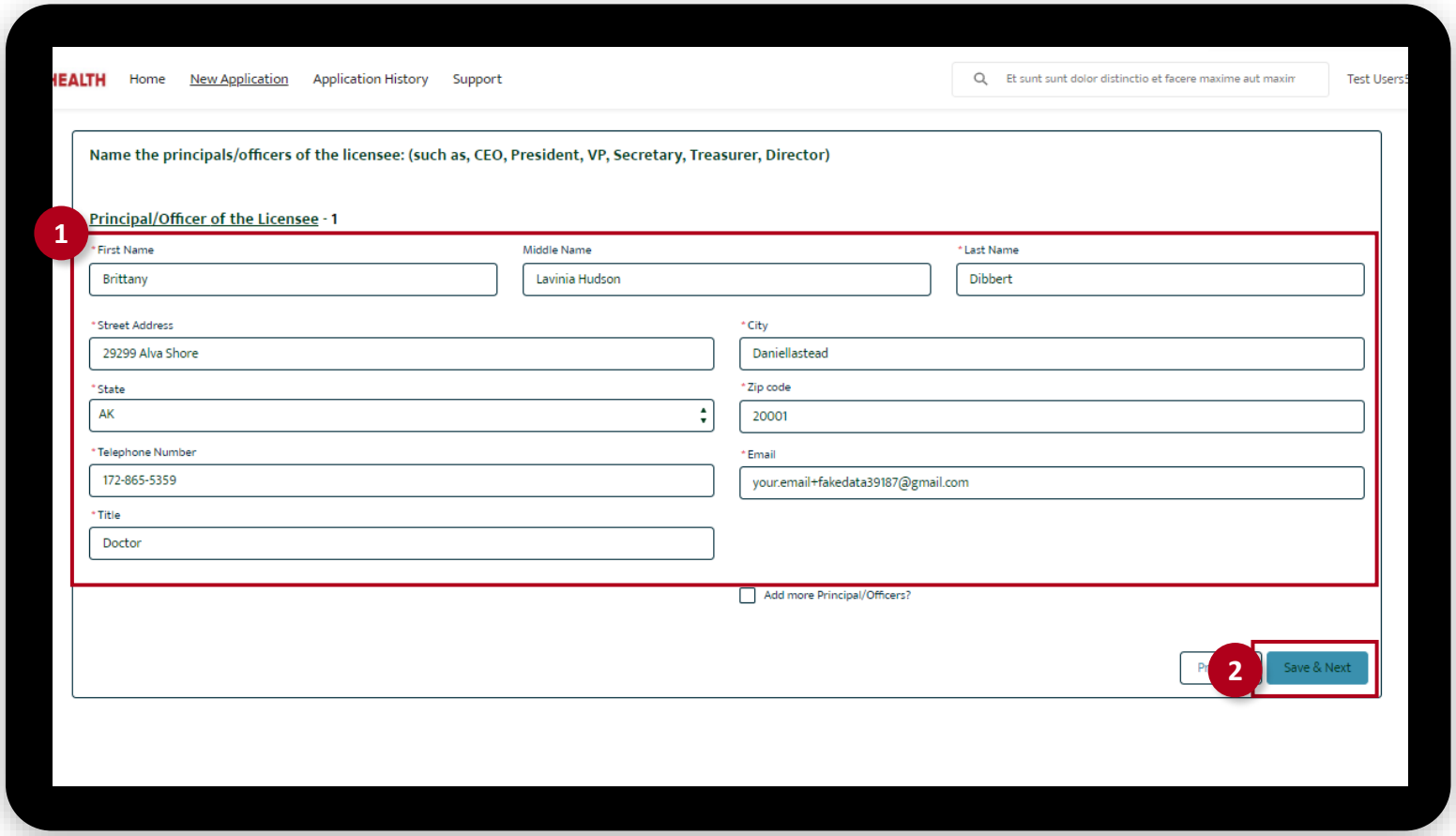
1. Fill out the **Billing Address** and **Payment Info** fields.

2. Click the **Pay** button.



Fill out the Principals/Officers Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If you need to add multiple Principals/Officers, select the **Add more Principal/Officers?** box.

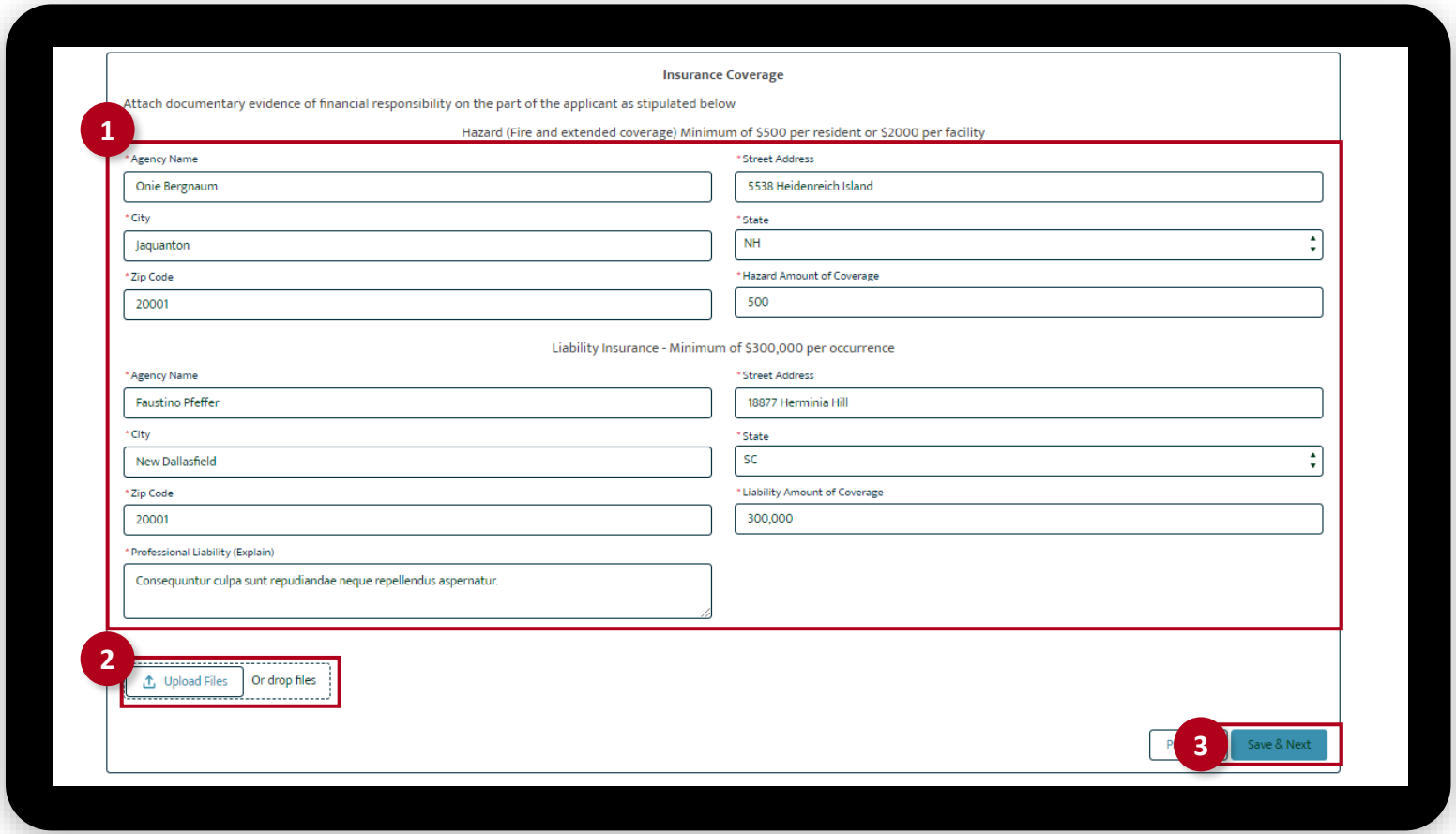
Fill out the Facility Staffing Information

1. Fill out all the required fields.
2. Click the **Save & Next** button.

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Insurance Coverage Information

1. Fill out all the required fields.
2. Click the **Upload Files** button if needed to attach relevant documents.
3. Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

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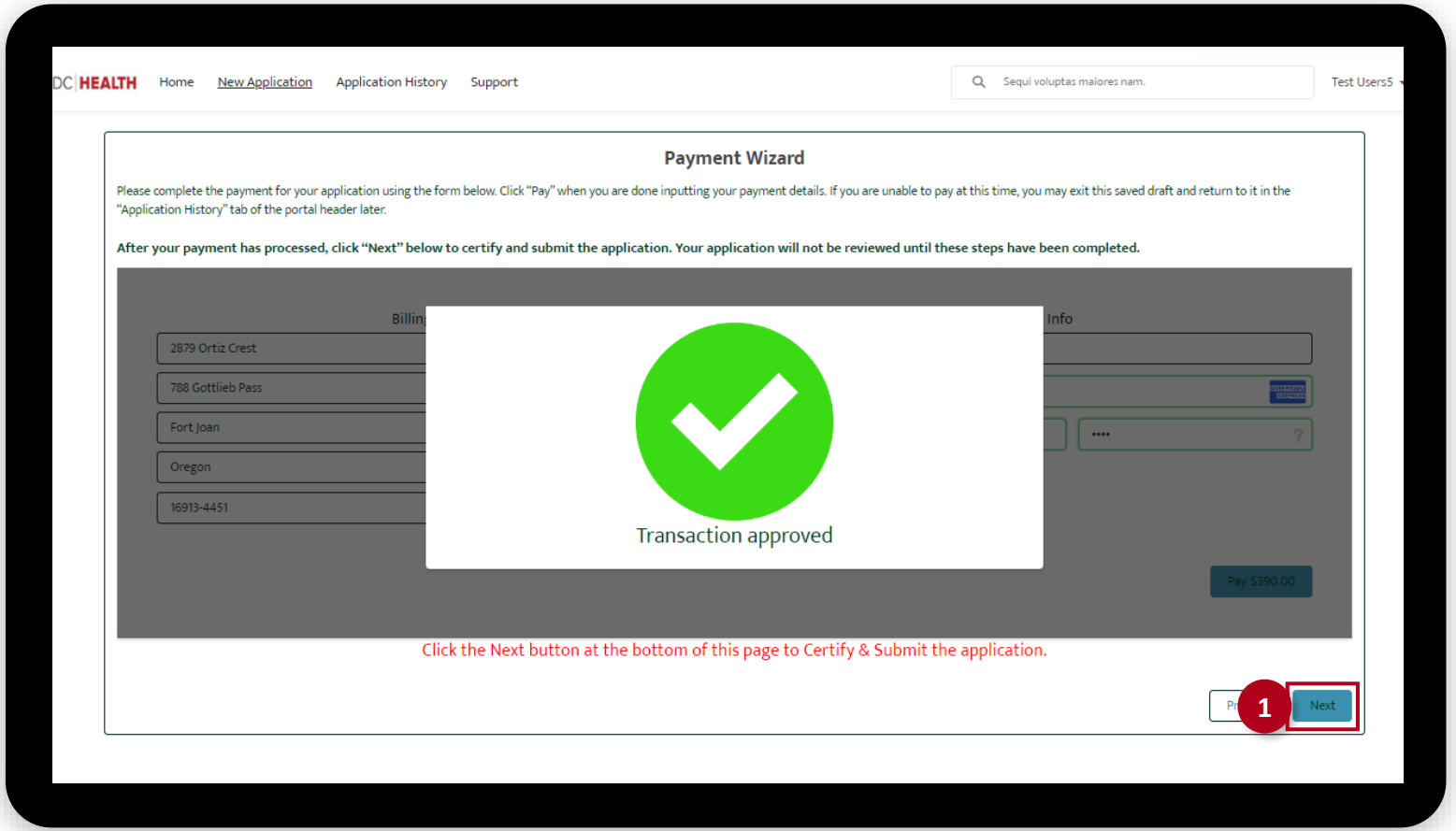
Payment Wizard

1. Once the Transaction is approved, click the **Next** button.



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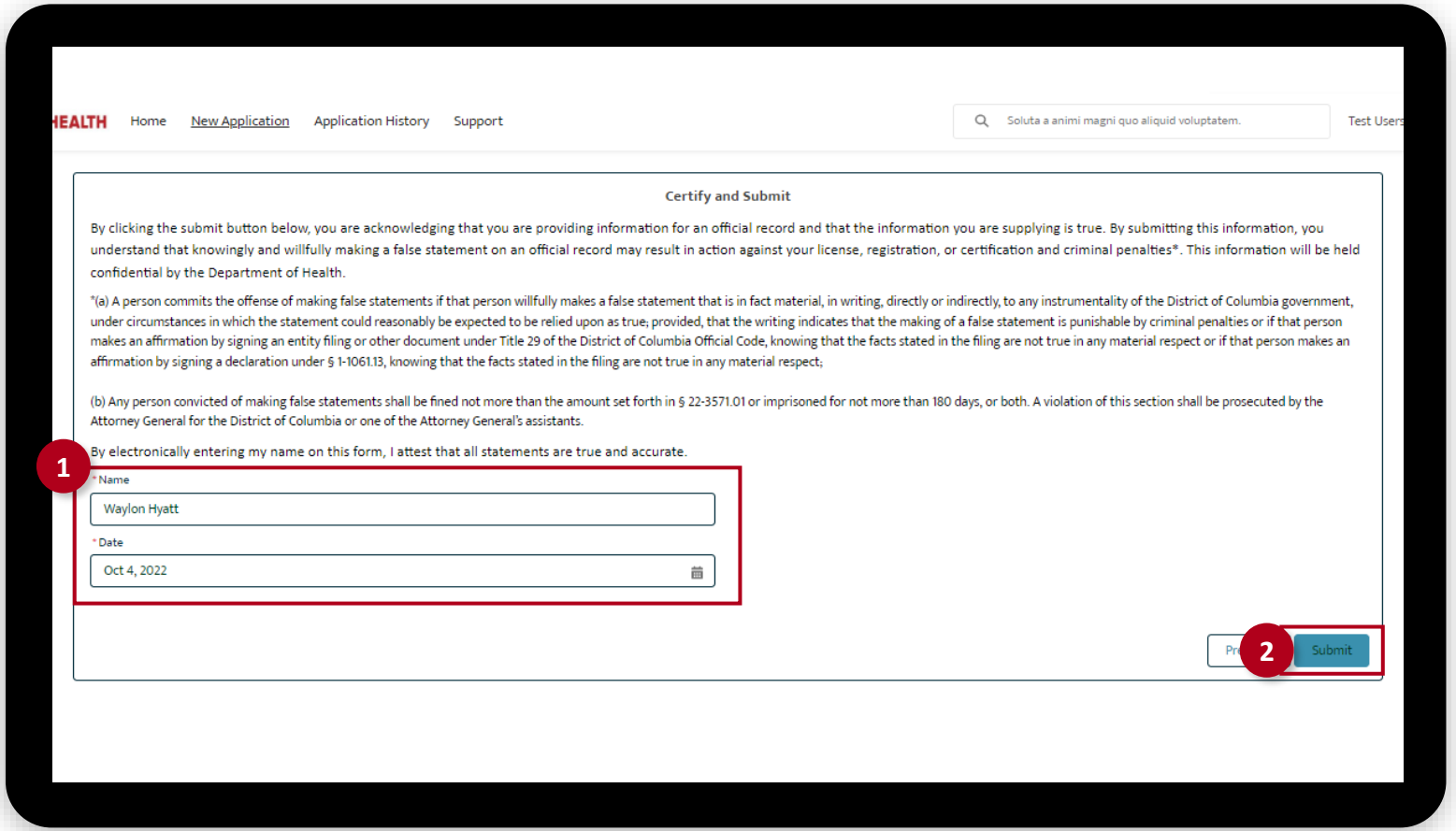
Certify and Submit

1. Fill out the **Name** and **Date** fields.
2. Click the **Submit** button.



*The fields marked with * are mandatory and must be filled out to continue.*

TIP: The date should correspond to the date you fill out and complete this form.

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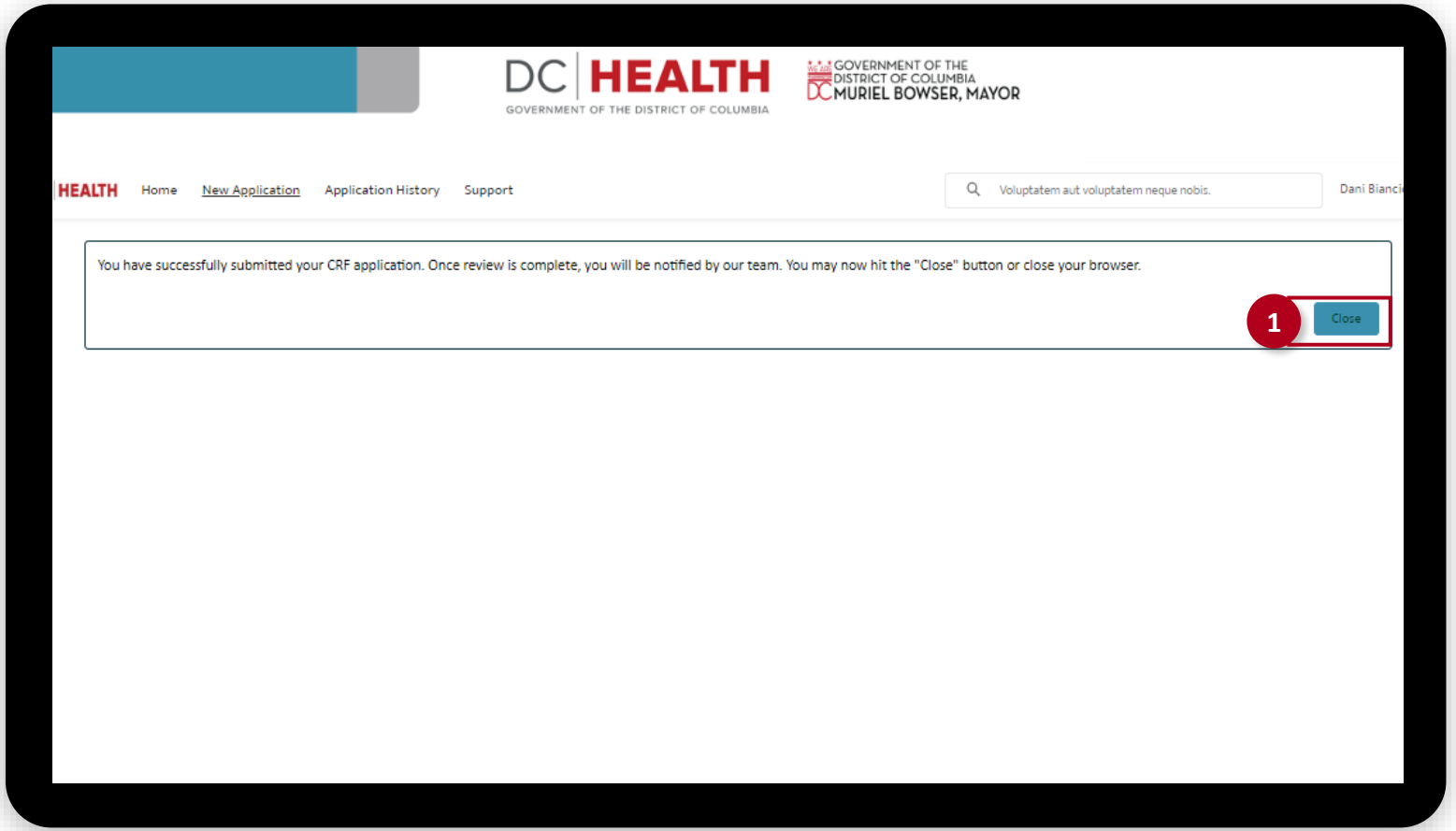
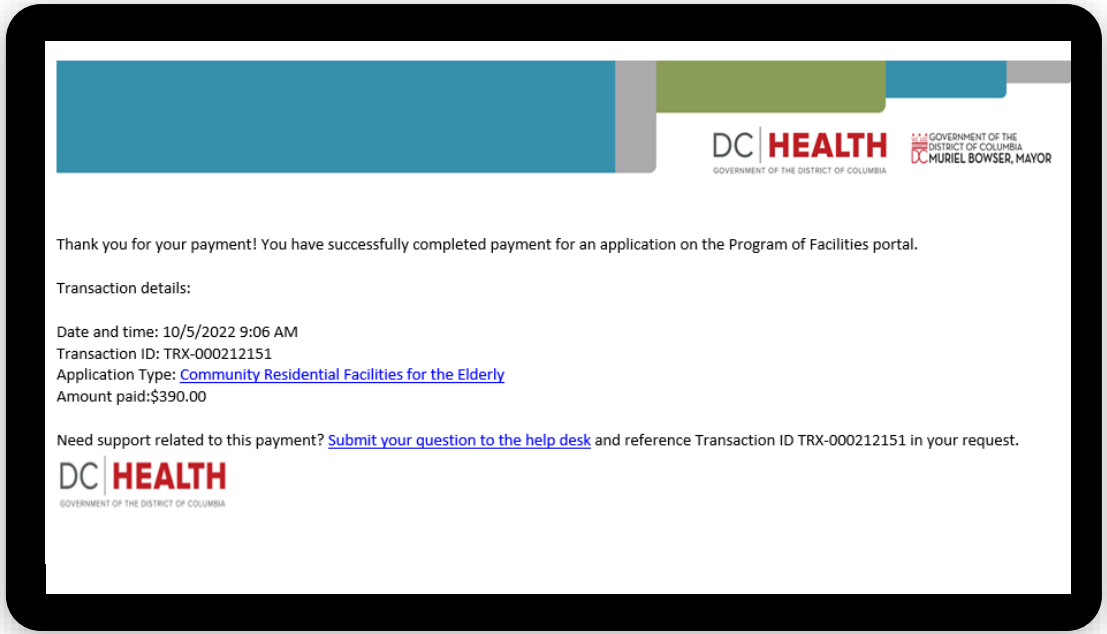
Close the Application

1. You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



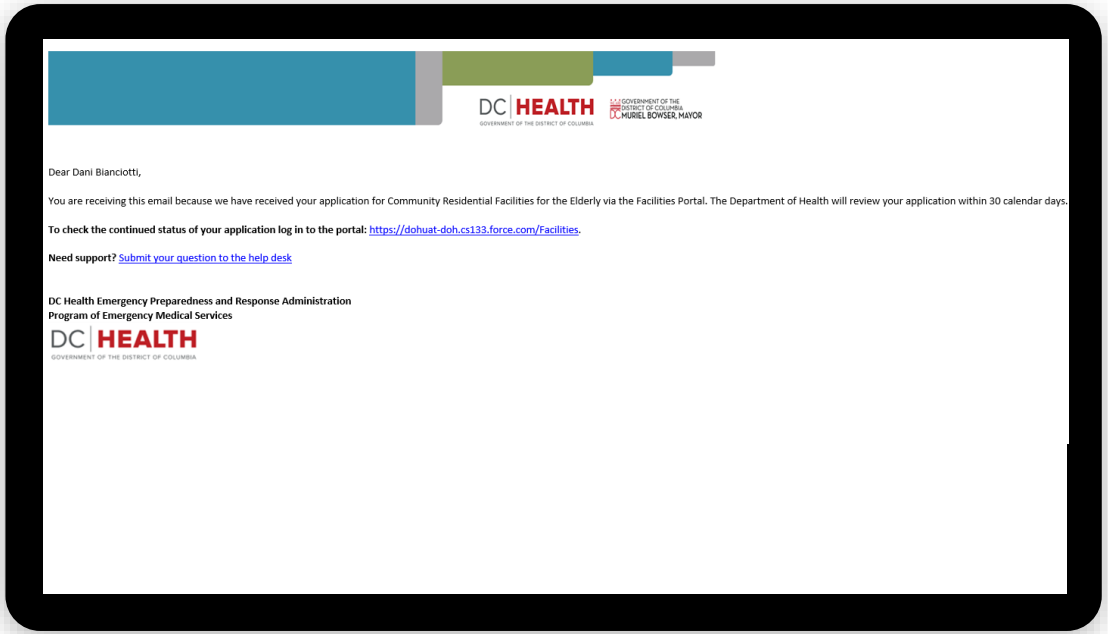
Thank you for your payment! You have successfully completed payment for an application on the Program of Facilities portal.

Transaction details:

Date and time: 10/5/2022 9:06 AM
Transaction ID: TRX-000212151
Application Type: Community Residential Facilities for the Elderly
Amount paid:$390.00

Need support related to this payment? Submit your question to the help desk and reference Transaction ID TRX-000212151 in your request.

1 Check if you have received confirmation of payment.



Dear Dani Bianciotti,

You are receiving this email because we have received your application for Community Residential Facilities for the Elderly via the Facilities Portal. The Department of Health will review your application within 30 calendar days.

To check the continued status of your application log in to the portal: https://dohuat-doh.cs133.force.com/Facilities.

Need support? Submit your question to the help desk

DC Health Emergency Preparedness and Response Administration
Program of Emergency Medical Services

2 Check if you have received confirmation for your application.

Thank you!