Office of Health Facilities

Application for Home Care Agency Facilities

Reference Guide for New Applicants

Let’s begin!

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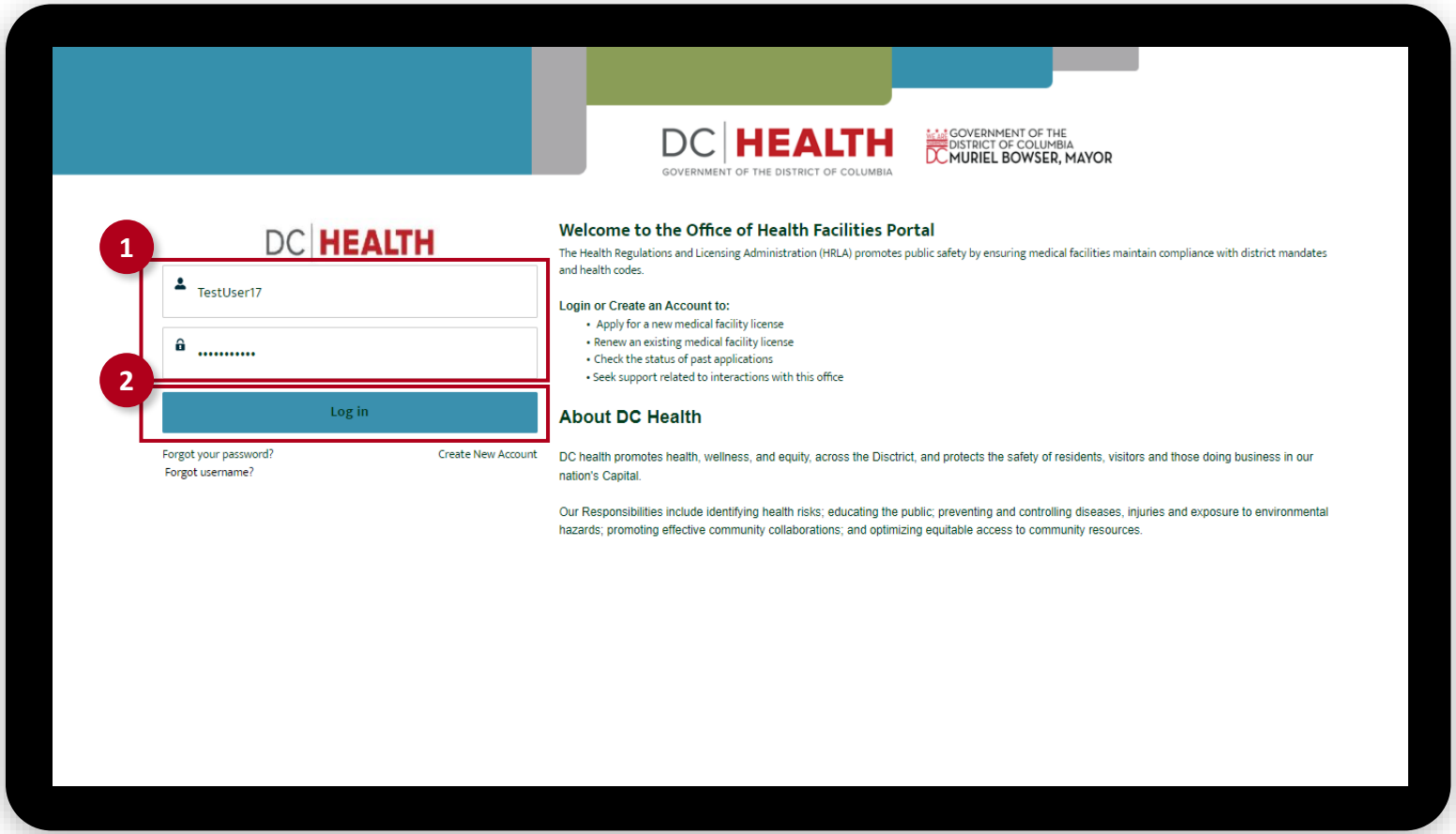
Log In to the platform

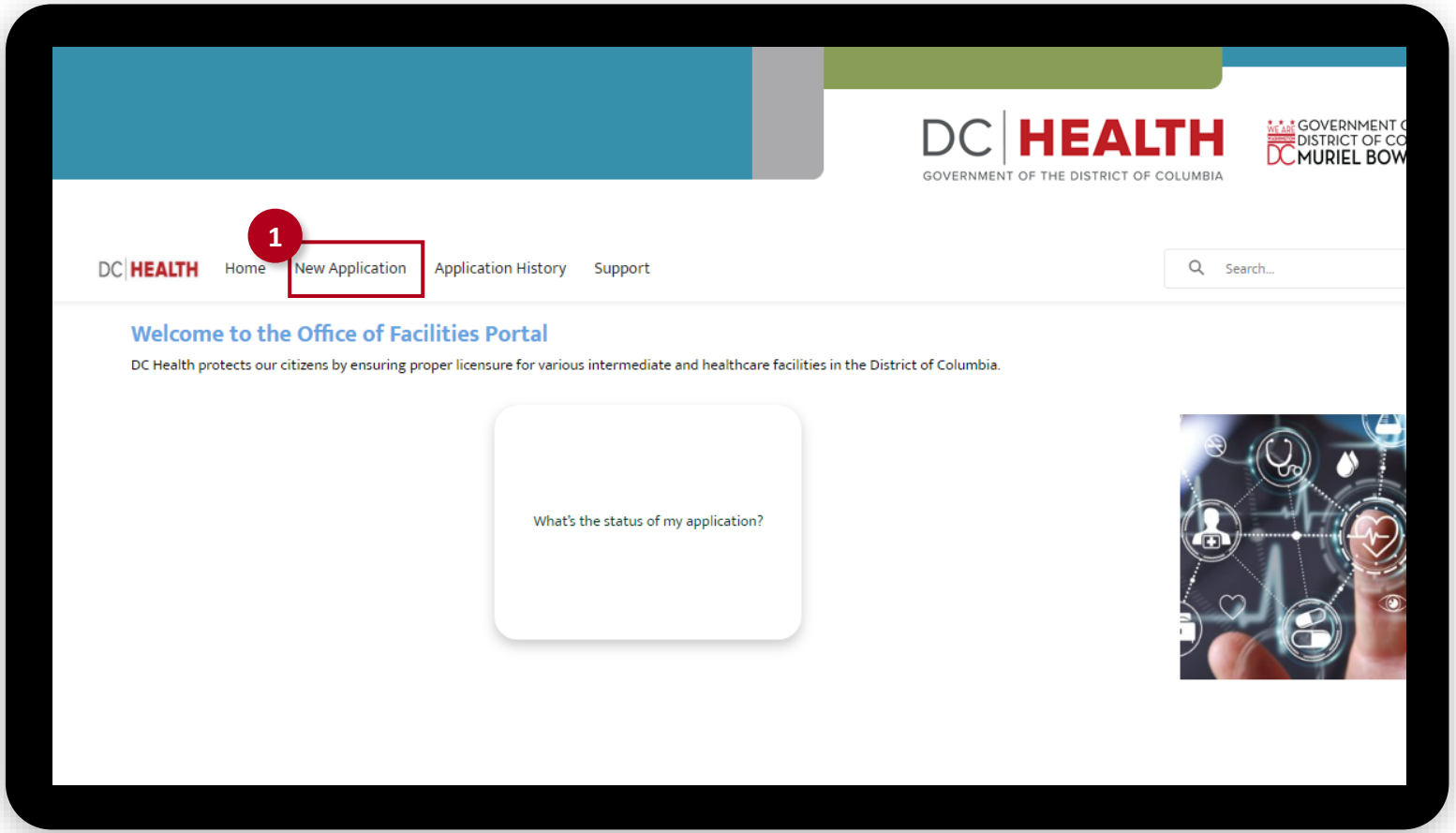
1. Enter your **username** and **password**.
2. Click the **Log In** button.



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

Navigate to the New Application screen

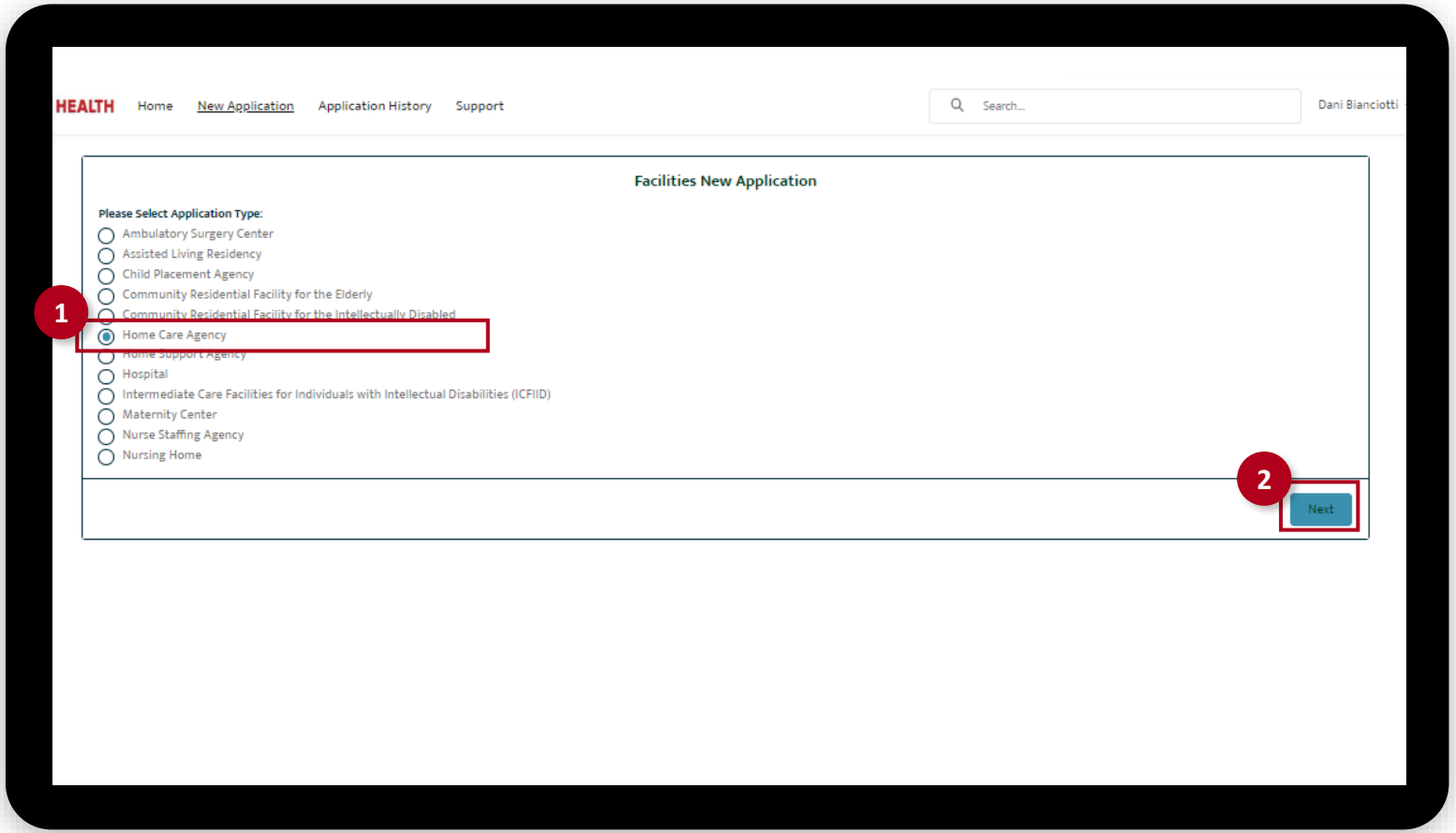
1. Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



Select the Facilities New Application

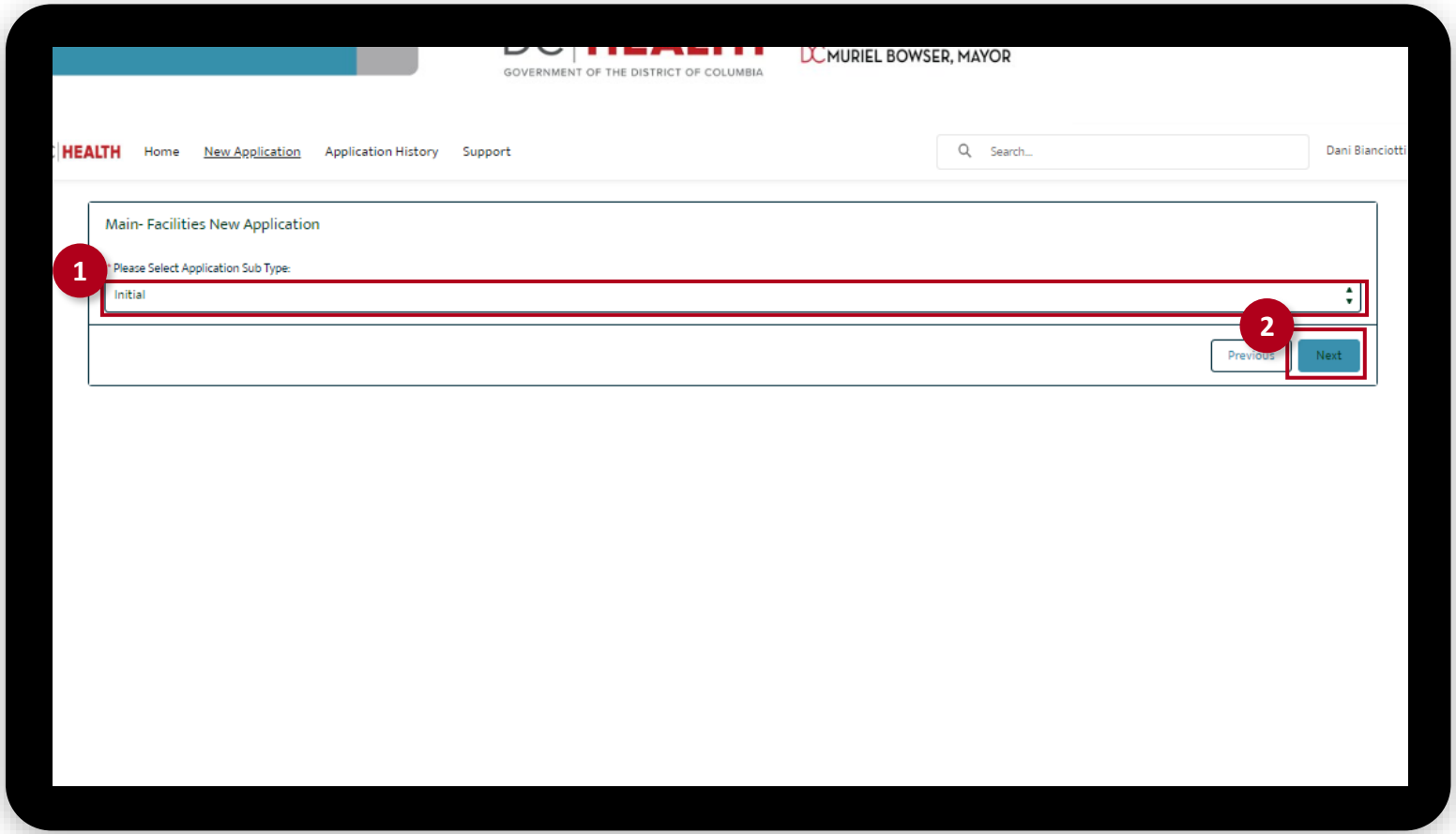
1. Select the **Home Care Agency** option from the list.

2. Click the **Next** button.



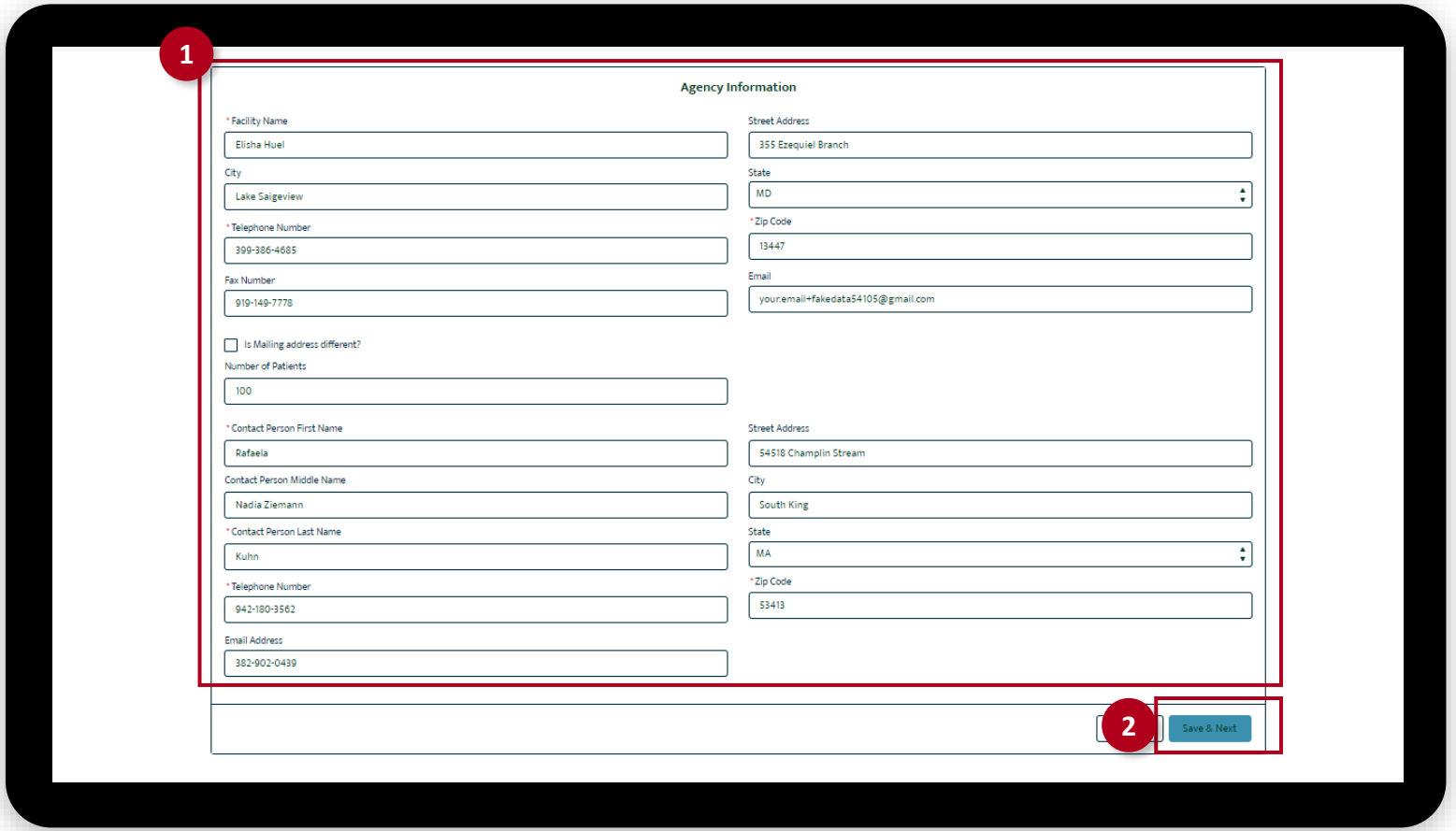
Select the Application Sub Type

1. Select the **Initial** option from the drop-down list.
2. Click the **Next** button.



Fill out the Agency Information

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



TIP: If the mailing address is different from the information filled out in the Facility information fields, select the **Is Mailing Address different?** check box.

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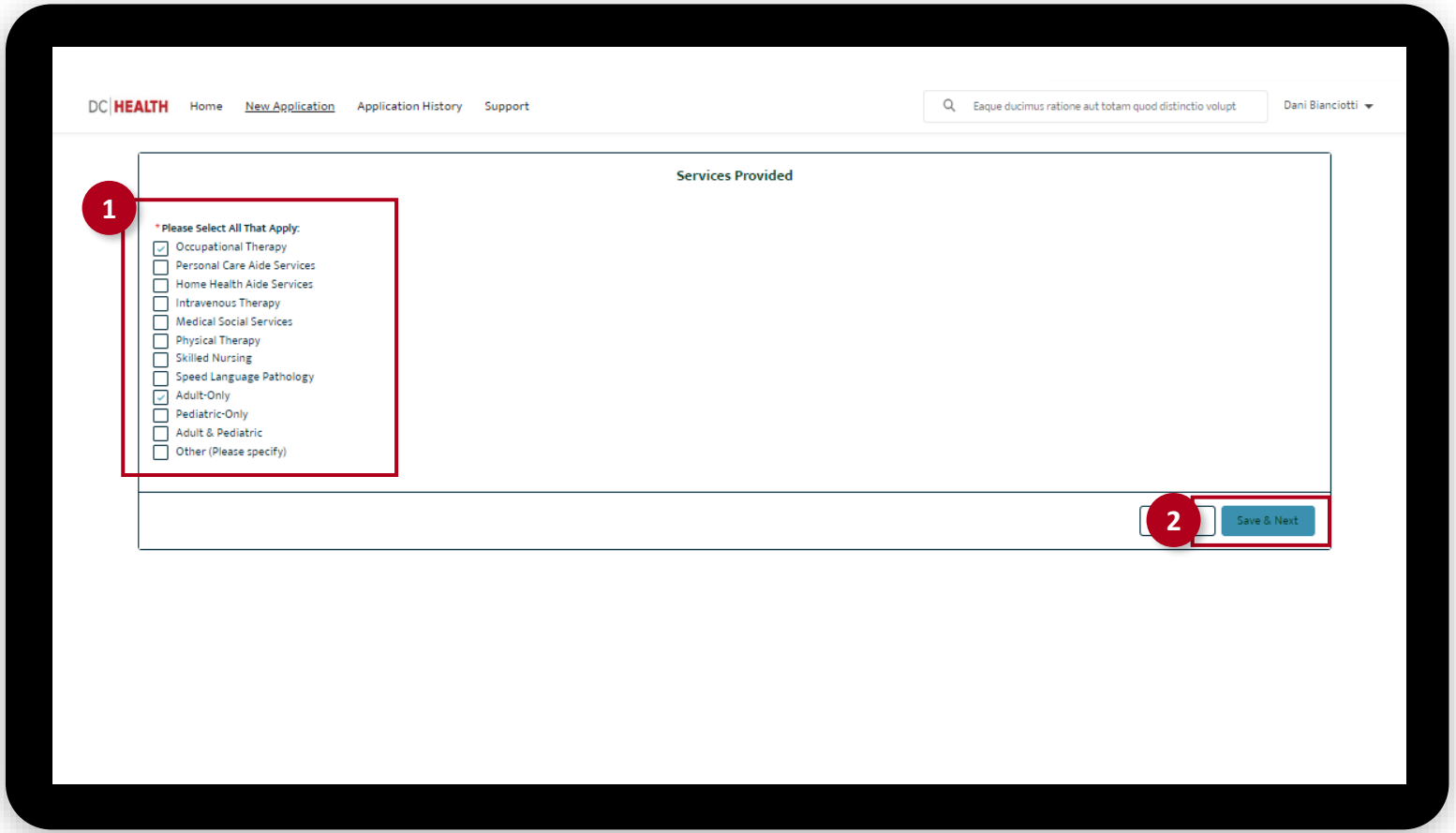
Select the Services Provided

1. Select all the **Services Provided** by the Home Care Agency.
2. Click the **Save & Next** button.



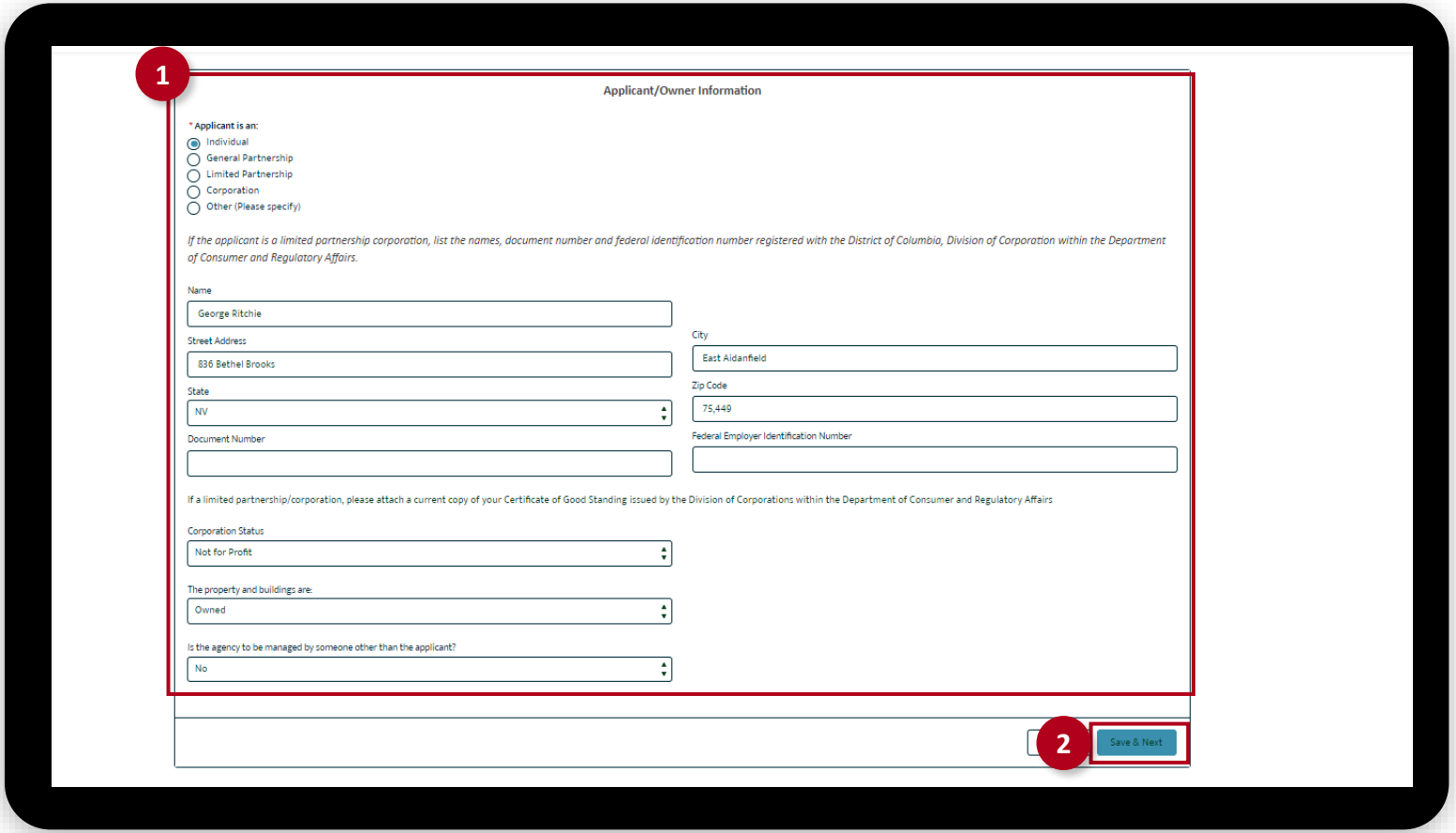
*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Applicant/Owner Information

1. Select if the **Applicant is an**:
   - Individual
   - General Partnership
   - Limited Partnership
   - Corporation
   - Other

   And fill out all the required fields.

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

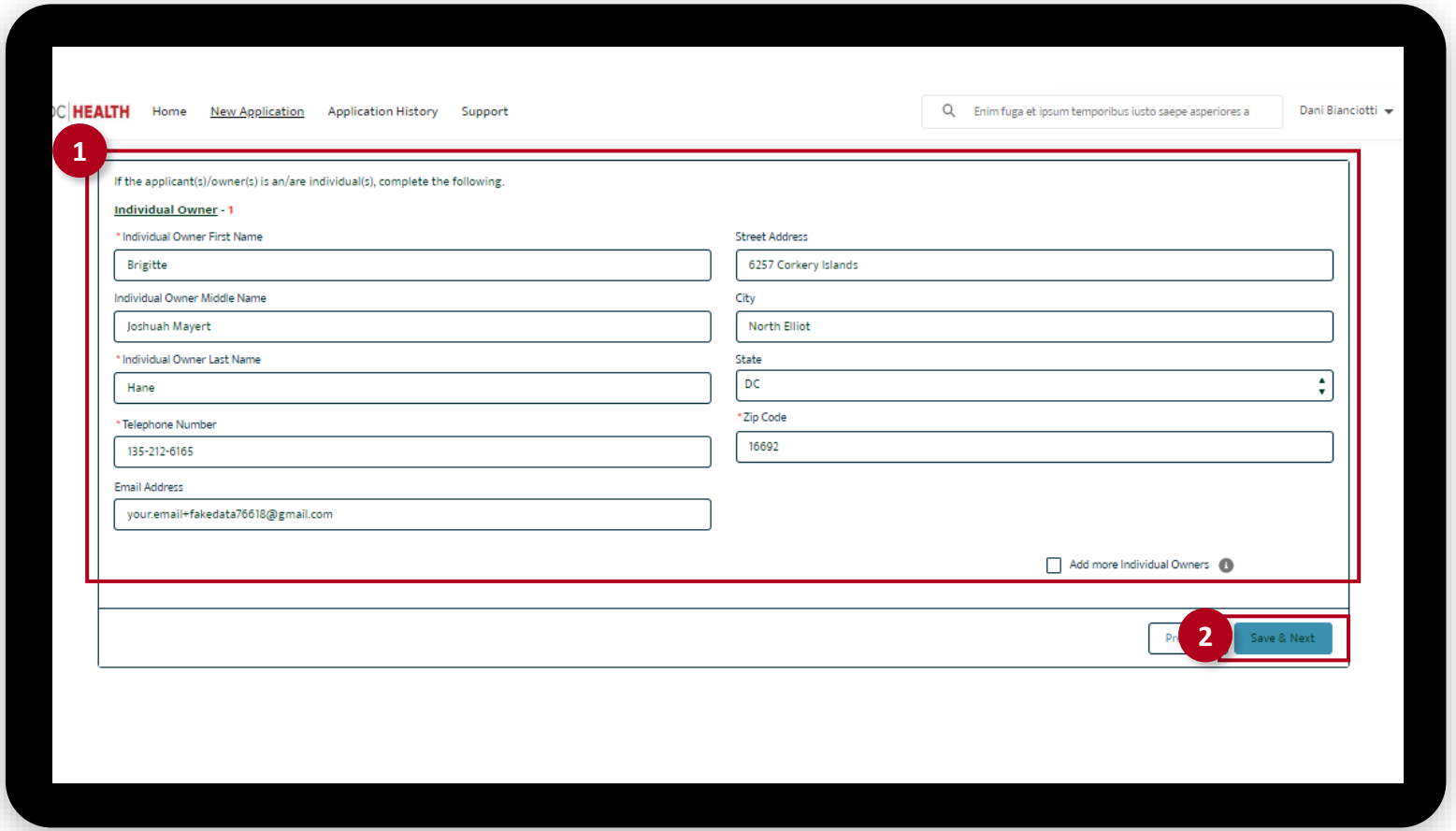


*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Owner Information

If the applicant(s)/owner(s) is an/are individual(s), complete this screen.

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

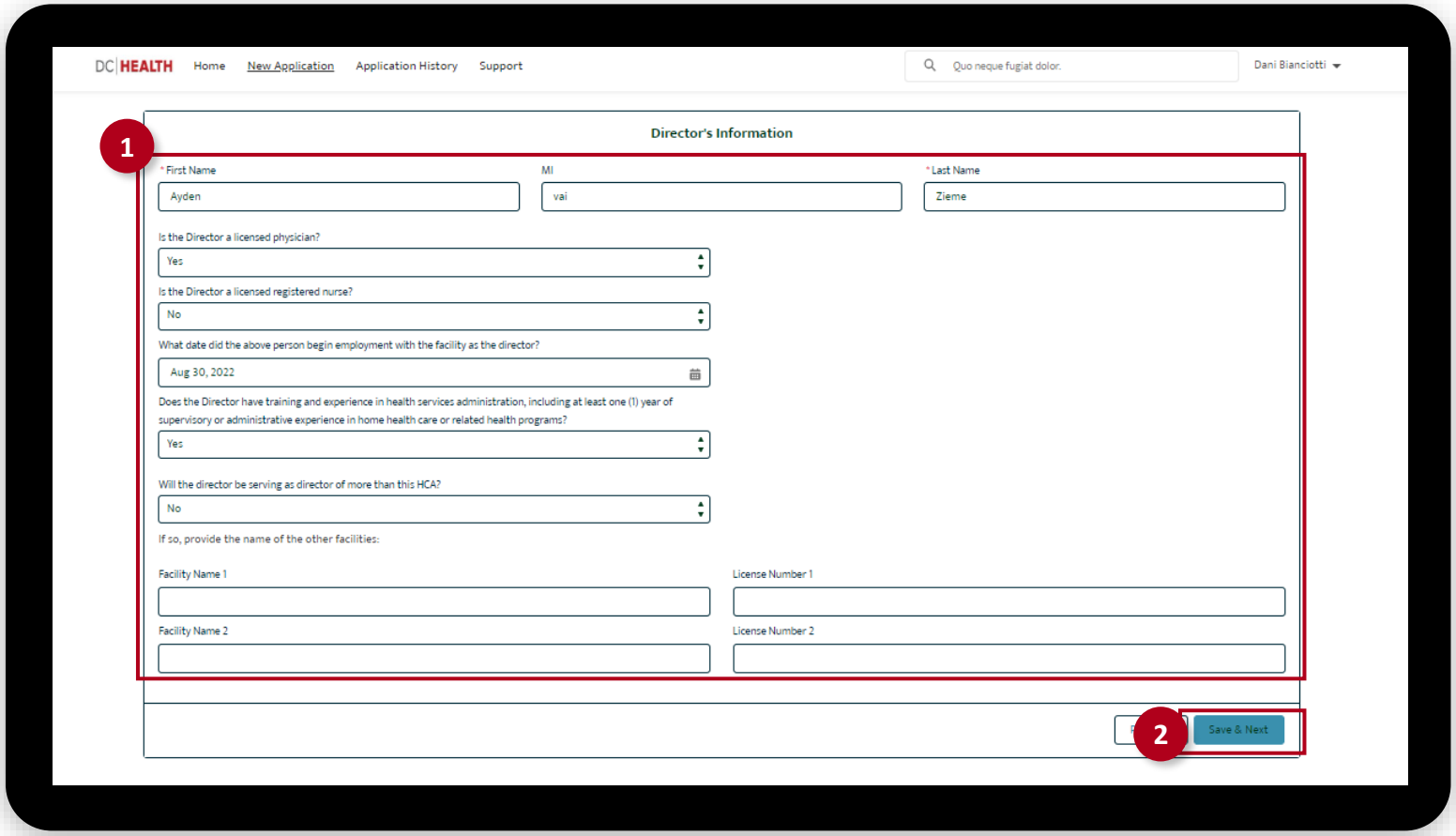


*The fields marked with * are mandatory and must be filled out to continue.*

TIP: If needed, select the **Add more Individual Owners** check box.

Fill out the Director's 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 needed, use the **Upload Files** button to attach needed documentation.

Fill out Insurance Coverage information

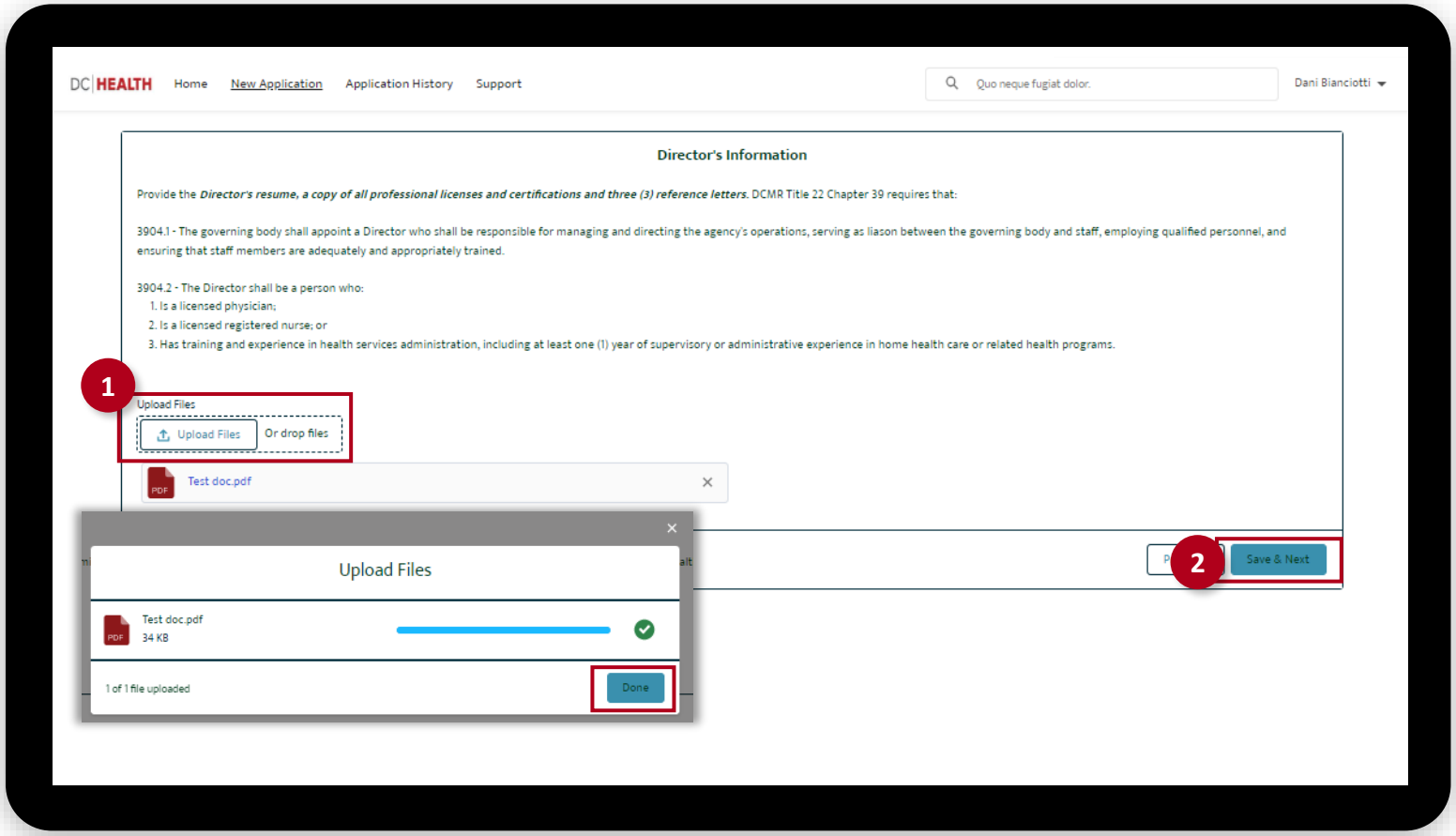
1. Select **Yes/No** in the required fields. Upload documentation by clicking the **Upload Files** button.
2. Click the **Next** button.

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

Fill out the Director's Information

1. Upload the Director's resume, a copy of all professional licenses and certifications and three reference letters by clicking the **Upload Files** button.
   Once the document is selected and the checkmark appears, click the **Done** button in the pop-up.

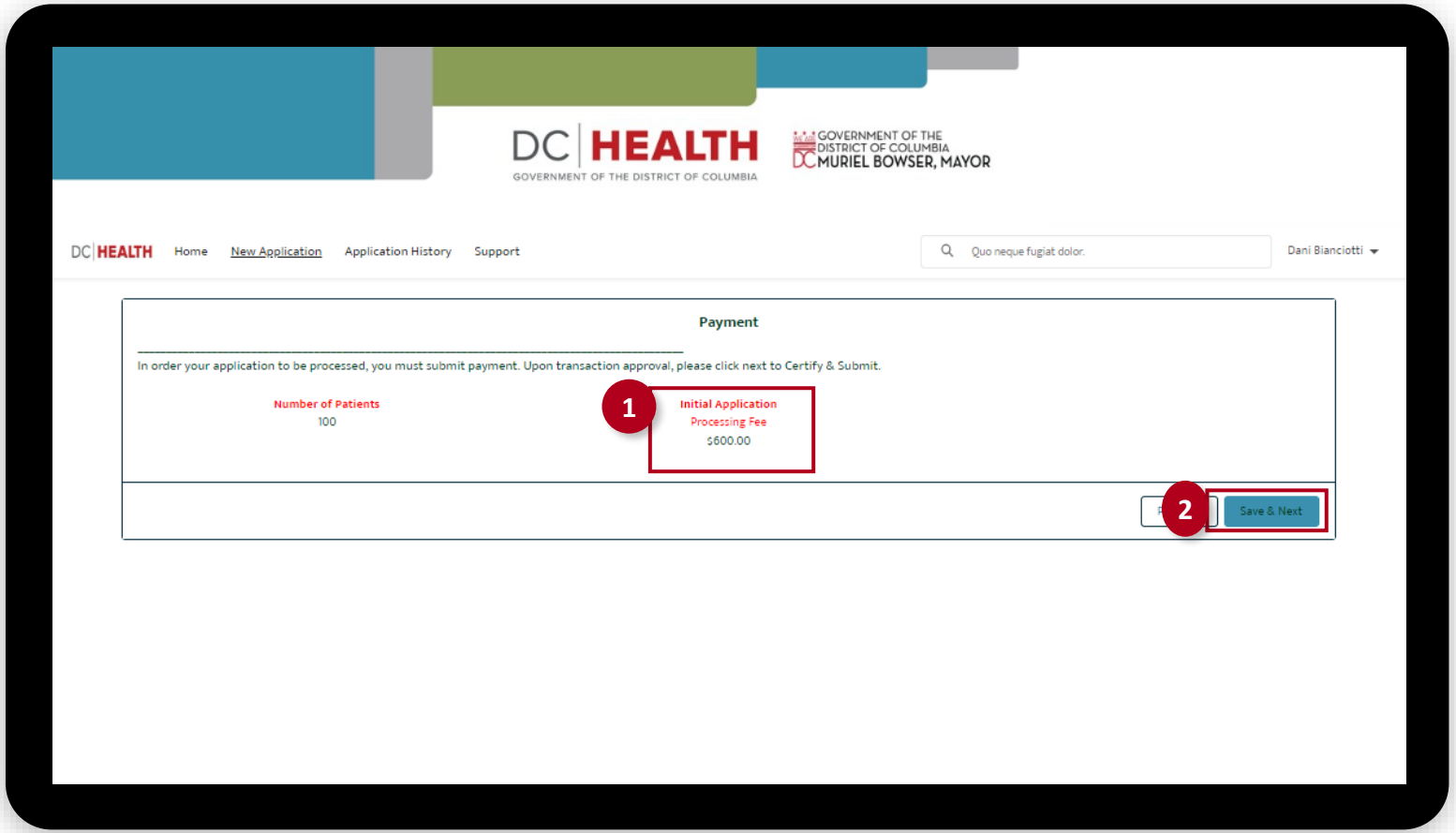
2. Click the **Save & Next** button.



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

Payment Selection

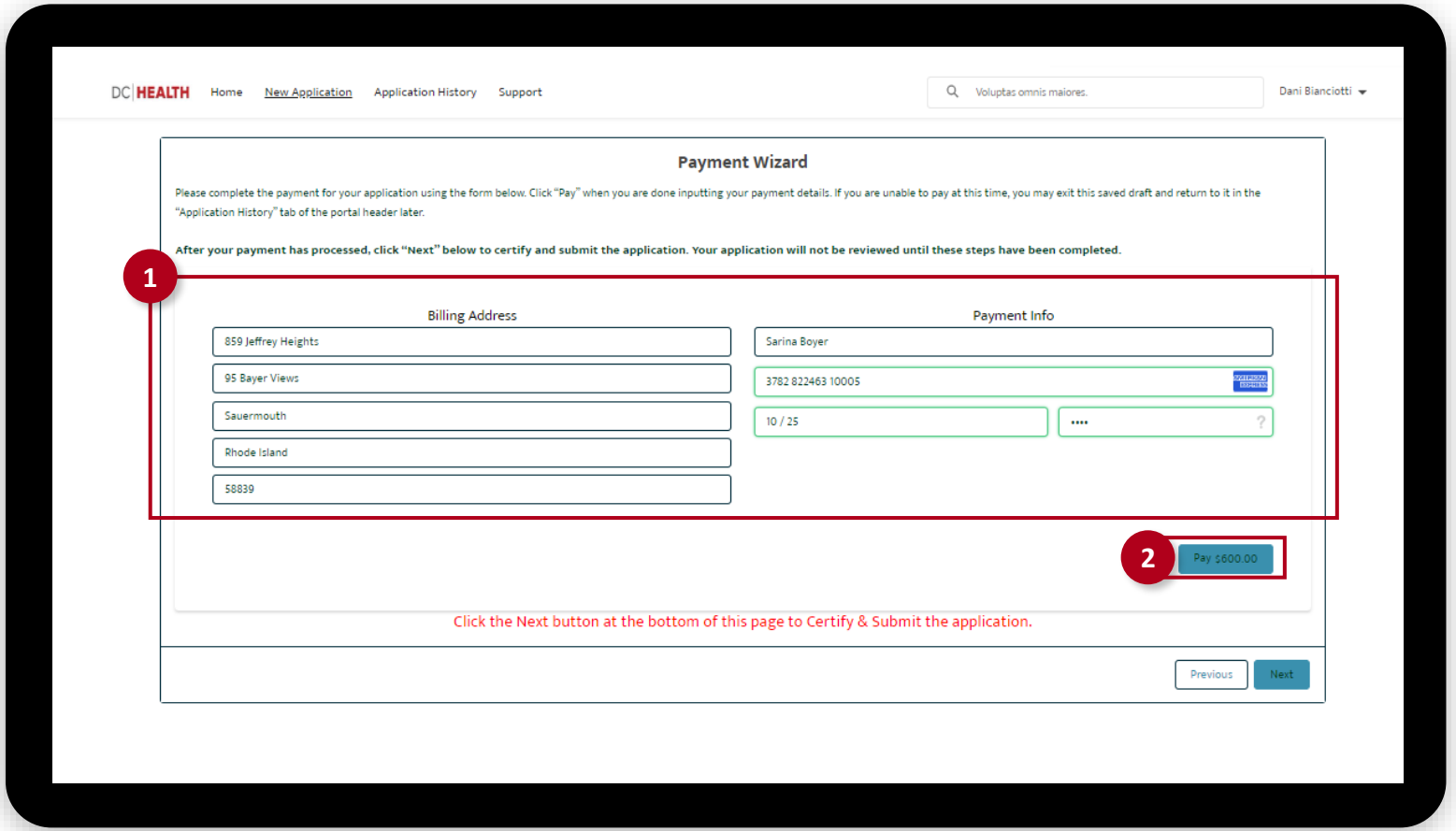
1. Check if **Initial Application Processing Fee** is correct.
2. Click the **Save & Next** button.



Payment Wizard

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

2. Click the **Pay** button.



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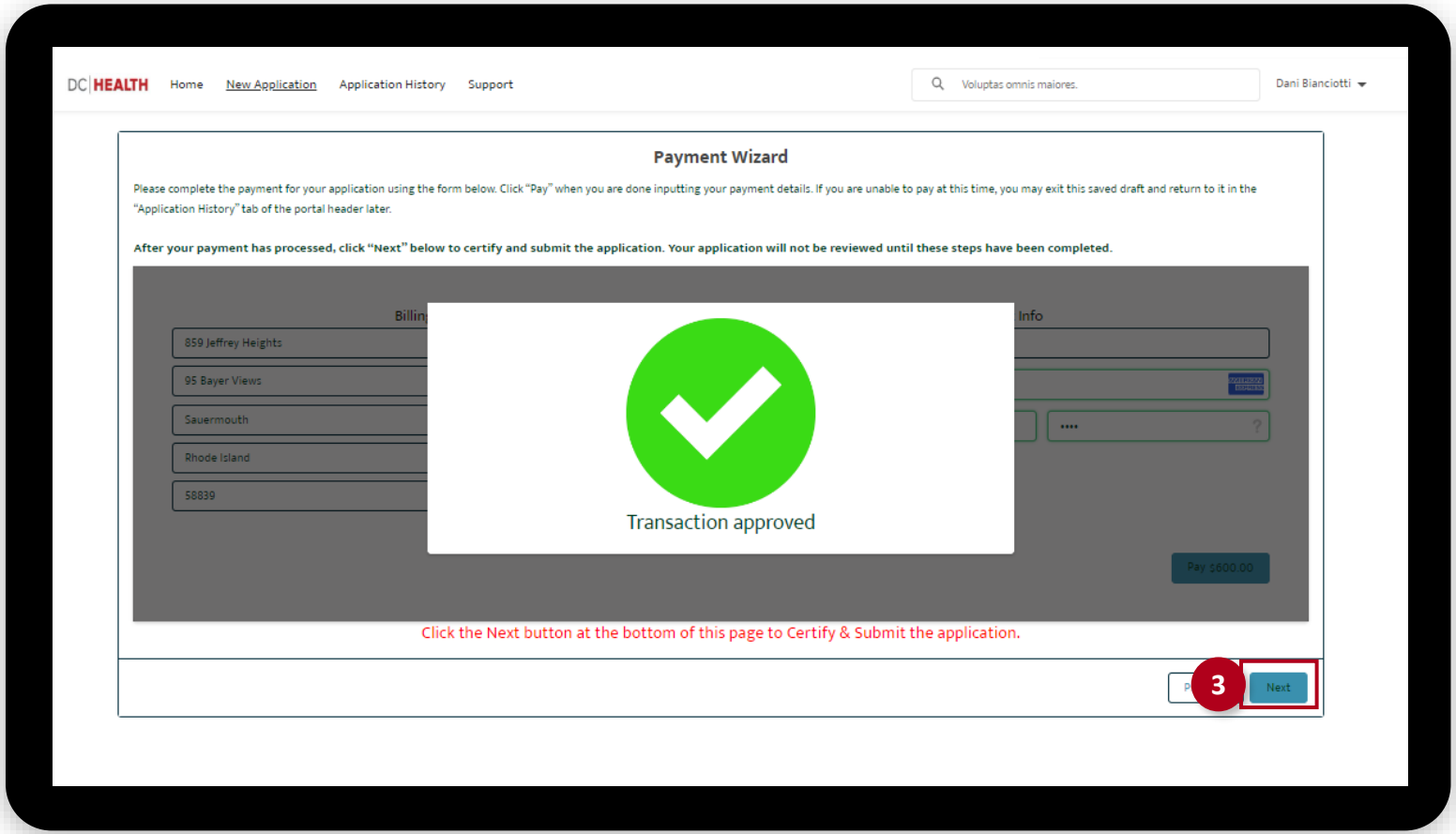
Payment Wizard

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



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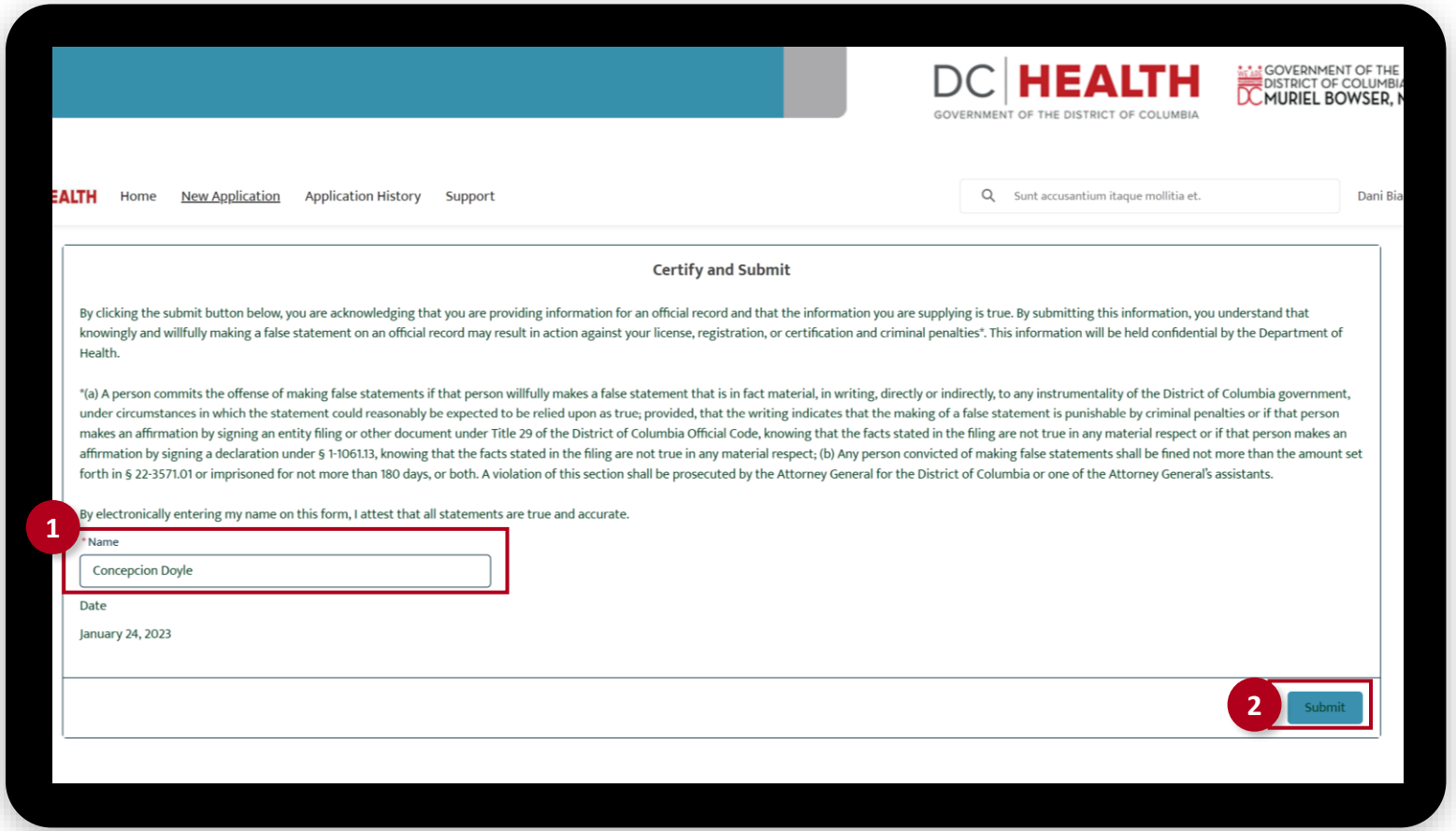
Certify and Submit

1. Fill out the **Name** field.
2. Click the **Submit** button.



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

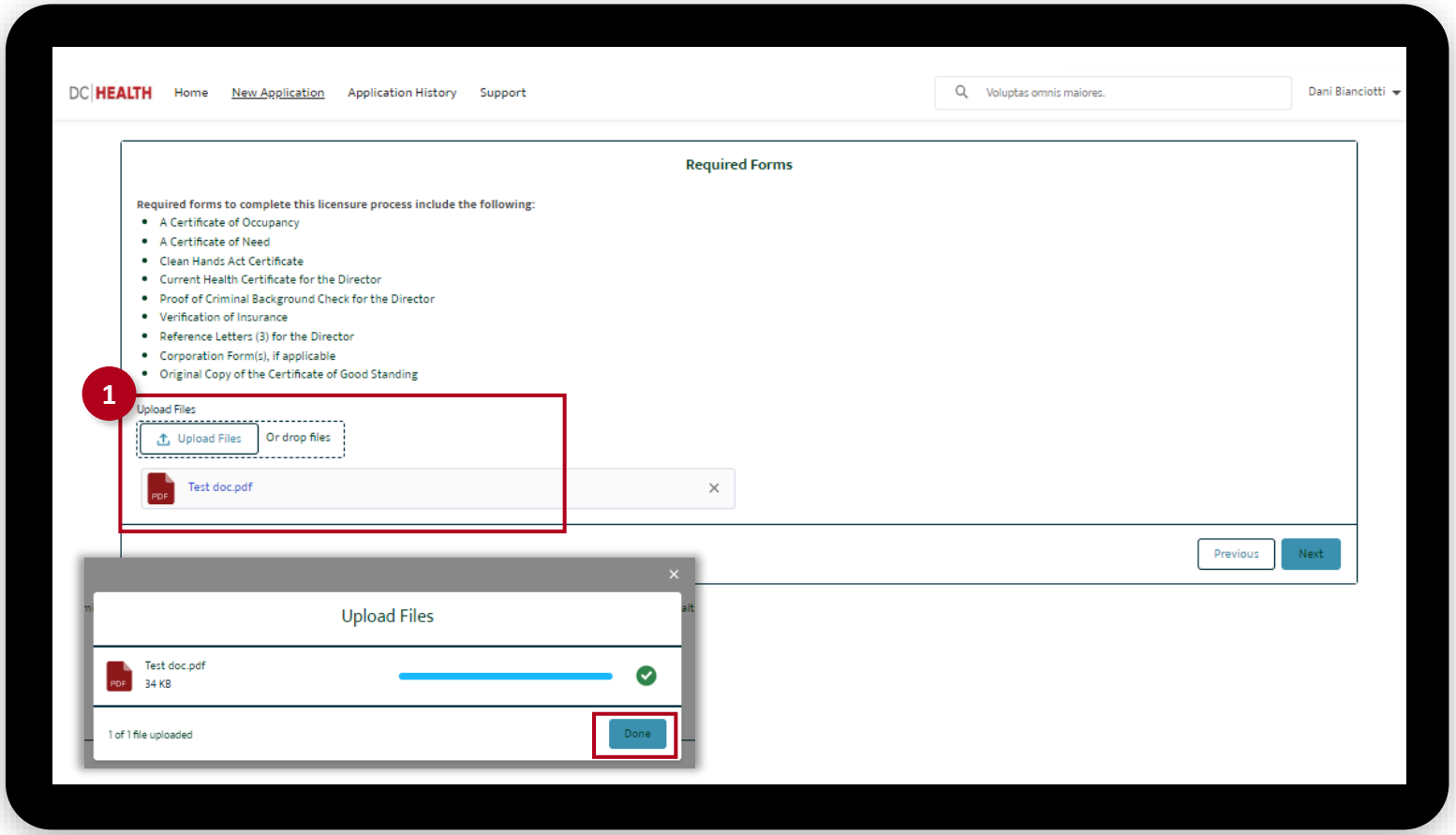
Upload Required Forms

1

Upload the required forms:

- Certificate of Occupancy
- Certificate of Need
- Clean Hands Act Certificate
- Current Health Certificate for the Director
- Proof of Criminal Background Check for the Director
- Verification of Insurance
- Reference letters for the director
- Corporation Forms, if applicable
- Original Copy of the Certificate of Good Standing

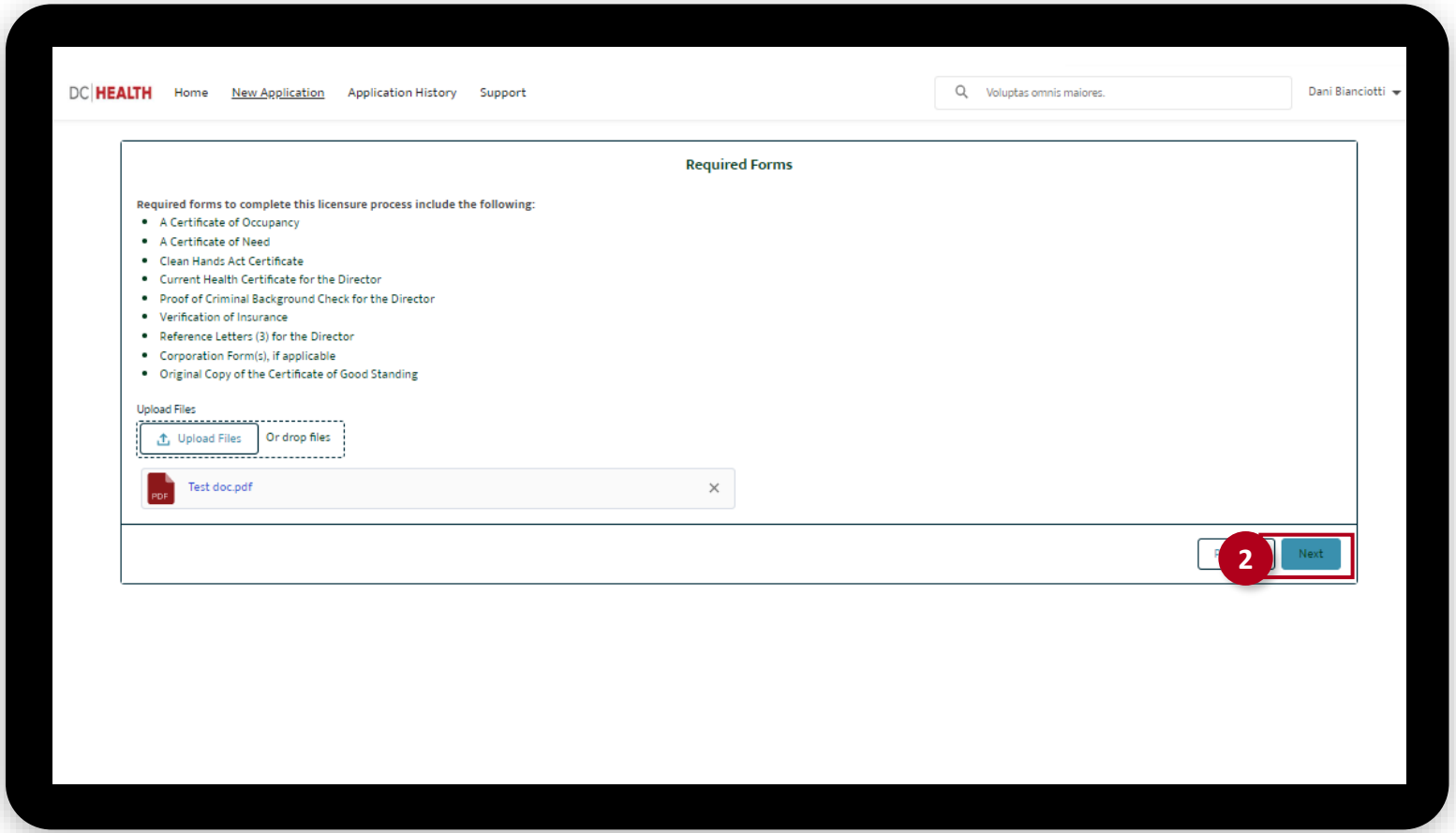
Once the document is selected and the checkmark appears, click the **Done** button in the pop-up.



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

Upload Required Forms

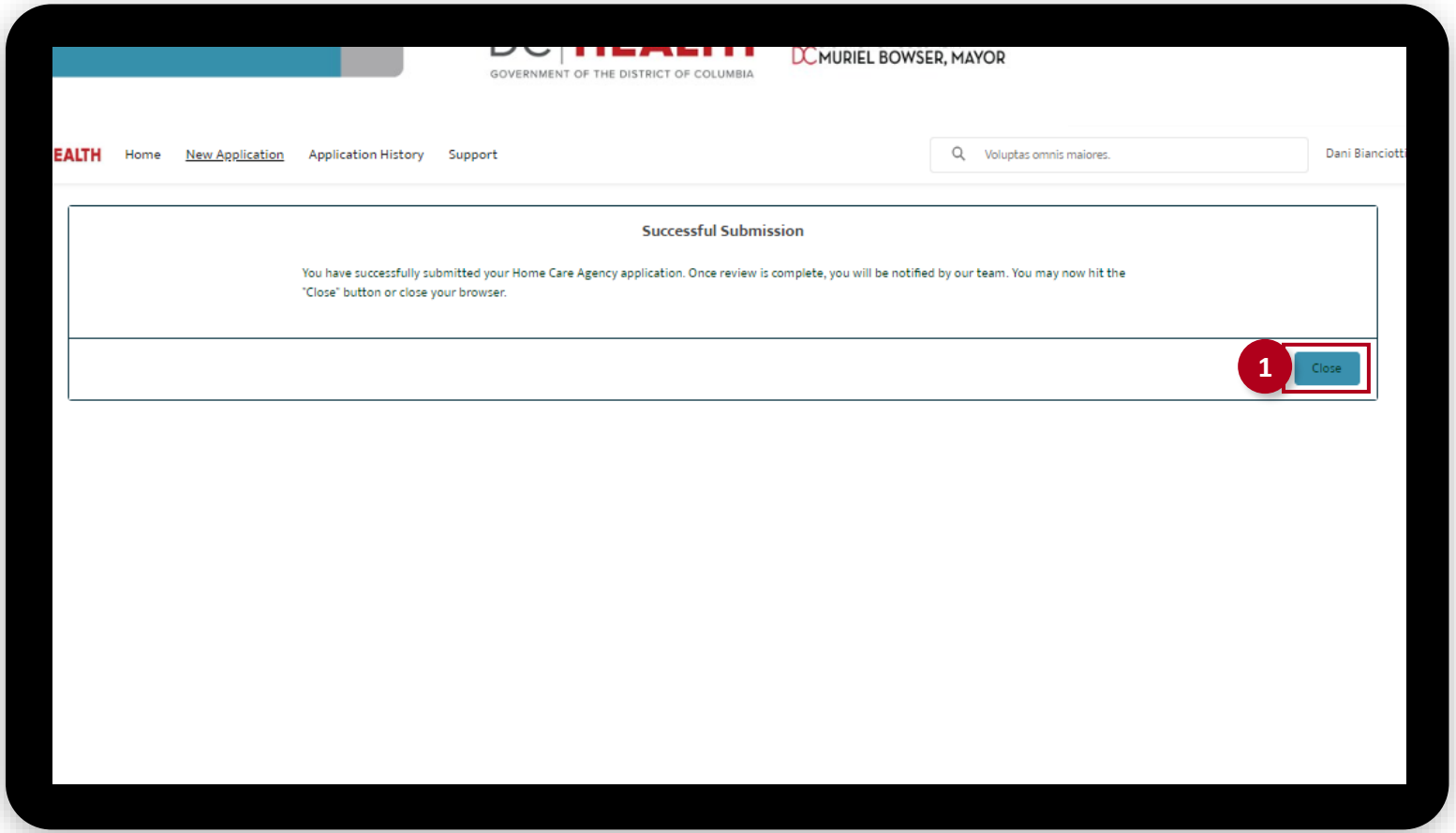
2 Once all the documentation is attached, click the **Next** button.



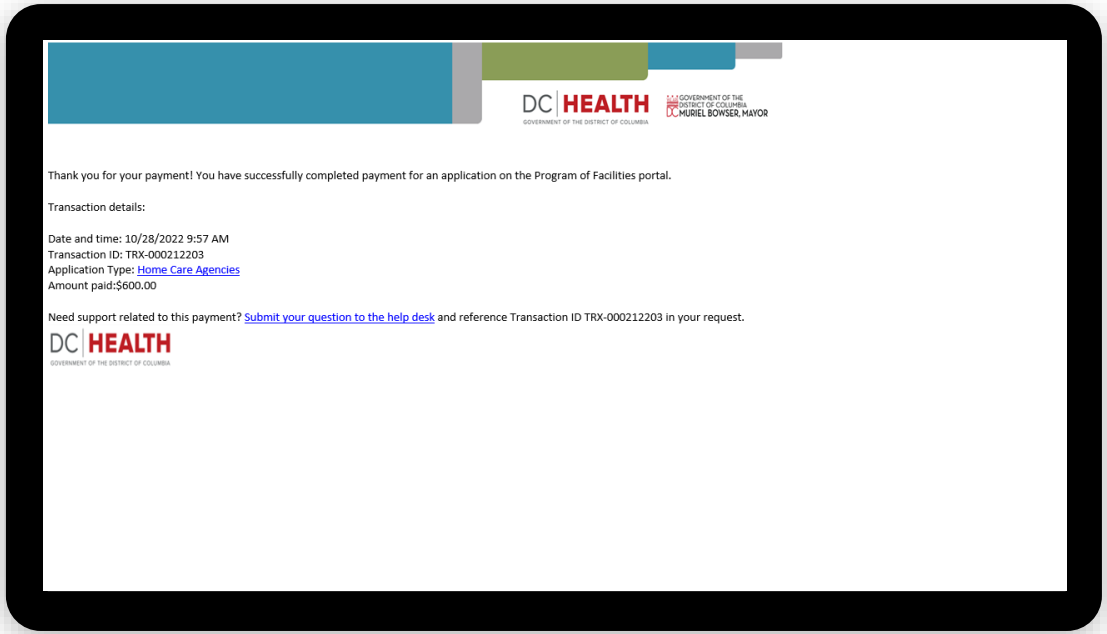
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

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



E-mail Confirmation



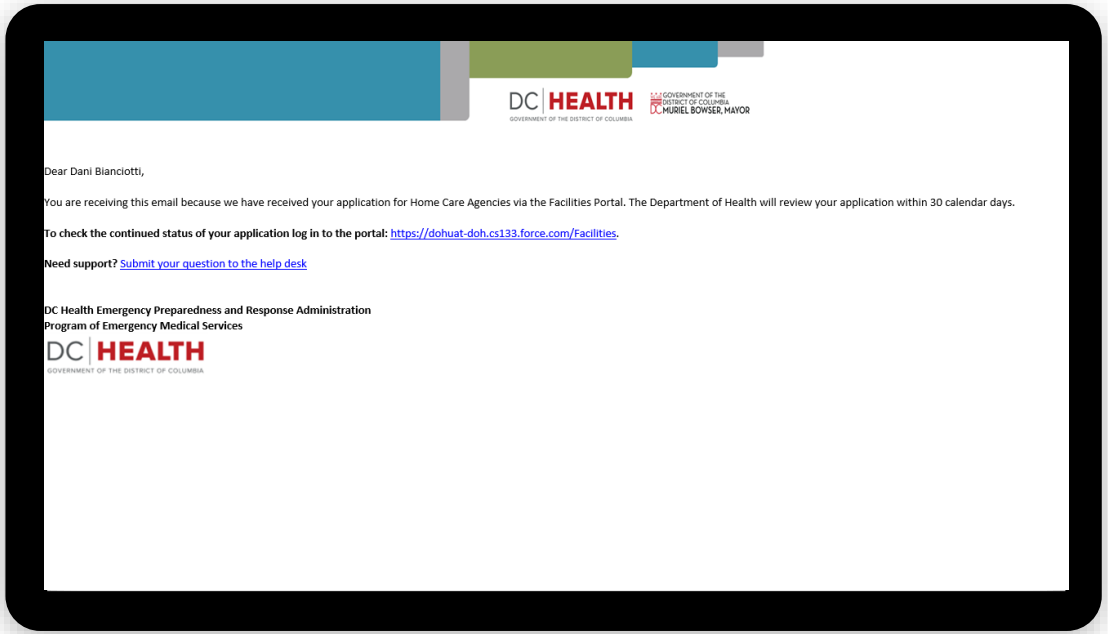
Thank you for your payment! You have successfully completed payment for an application on the Program of Facilities portal.

Transaction details:

Date and time: 10/28/2022 9:57 AM
Transaction ID: TRX-000212203
Application Type: Home Care Agencies
Amount paid:$600.00

Need support related to this payment? Submit your question to the help desk and reference Transaction ID TRX-000212203 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 Home Care Agencies 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!