

DESIGNATION OF HOME CARE ORGANIZATION RESPONSIBILITY

Licensed Home Care Organizations are required to have a designee continuously present during operational hours to represent the Home Care Organization, perform administrative processes, and to accept licensing reports. Home Care Organization applicants/Home Care Organization licensees shall use this form to delegate the above authority to appropriate staff member(s). More than one staff member may be designated on this form. Home Care Organization applicants/Home Care Organization licensees who are corporations shall attach board resolutions authorizing this delegation.

DATE	HOME CARE ORGANIZATION NAME	HOME CARE ORGANIZATION NUMBER	
HOME CARE ORGANIZATION ADDRESS	CITY	STATE	ZIP CODE
COUNTY	AREA CODE/TELEPHONE ()		

I understand my roles and responsibilities as a designee for the above-named Home Care Organization. I also understand that the Home Care Organization operation is governed by laws and regulations that are enforced by the California Department of Social Services.

PRINTED NAME OF DESIGNEES(s)	SIGNATURE OF DESIGNEES(s)

In the event of my absence I authorize the abovementioned person(s) to perform administrative processes on my behalf at the above-named Home Care Organization, including but not limited to: managing the Home Care Organization, responding to questions, receiving documents including reports of inspections and consultations, accusations, and civil penalties.

When delegating authority to appropriate staff, Home Care Organizations shall comply with statute and regulations.

I (We) shall notify the Department, in writing, within 10 calendar days of any change in the above authorization.

SIGNATURE OF HOME CARE ORGANIZATION APPLICANT/ HOME CARE ORGANIZATION LICENSEE				
NAME OF HOME CARE ORGANIZATION APPLICANT/ HOME CARE ORGANIZATION LICENSEE			TITLE	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE