

IHSS QUALIFIED AGENCY CHANGE OF OWNERSHIP FORM

Existing Business

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

New Business Information

Date of Ownership Change _____
 New Business Name _____
 New Address _____
 New Ownership Type (Sole Proprietor, Profit, Partnership, etc.) _____
 Federal Identification Number _____

Names and Addresses of Responsible Parties of New Ownership or Controlling Interest

Name _____ Address _____
 Phone _____ Email _____
 Name _____ Address _____
 Phone _____ Email _____
 Name _____ Address _____
 Phone _____ Email _____

Identify All Areas That May Be Impacted By The Change In Ownership

Does this change restructure the financial sources of the agency? Yes No If Yes, explain: _____
 Does this change include new investors? Yes No If Yes, explain: _____
 Does this change result in a relocation? Yes No
 Does this change create changes in operating expenses? Yes No If Yes, explain: _____
 Does this change result in a change in control? Yes No If Yes, explain: _____

Responsible Party Signatures

“Responsible Party” means an officer or director of the applicant, a shareholder with a beneficial interest in the applicant exceeding ten (10) percent or the person who will be primarily responsible for any contract with the MCHP.

Responsible Party _____ Date _____
 Responsible Party _____ Date _____
 Responsible Party _____ Date _____