

Application for Registration as a Provider of Home Management Services

Overview

This application is for use by individuals or organizations that provide at least two of the following services: housekeeping, meal preparation and shopping to a person who is unable to perform these activities due to illness, disability or physical condition. The registration must be renewed annually.

Statute

[144A.482 Registration of Home Management Providers \(https://www.revisor.mn.gov/statutes/cite/144A.482\)](https://www.revisor.mn.gov/statutes/cite/144A.482)

Instructions

Please answer all questions completely and accurately to avoid unnecessary delay. All renewal registrations must be filed 30 days prior to the expiration date of the current registration certificate.

Submission

Send the completed application and fee to:

Minnesota Department of Health
Licensing, Registration, and Certification
Health Regulation Division
P.O. Box 3879
St. Paul, Minnesota 55101-3879

Application Type

- Initial Application
- Change of Ownership (CHOW)
- Renewal: Health Facility Identification (HFID) #: _____

This applicant is:

- An individual
- An organization

Applicant Information

Assumed Name / "Doing Business As" Name (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website (if applicable): _____

Counties where services are provided: _____

Note: If you are using a home address for your business, please let the post office know the name of your business to ensure mail delivery.

Agent

Agent Name: _____

("Agent" means the person upon whom all notices and orders shall be served and who is authorized to accept service of notices and orders on behalf of the home management provider.)

Agent Email: _____

Ownership Information

Legal Name: _____

Federal Tax FEIN #* _____ State Tax ID #** _____

**See information at the [Minnesota Department of Revenue website \(https://www.revenue.state.mn.us/minnesota-tax-id-requirements\)](https://www.revenue.state.mn.us/minnesota-tax-id-requirements) to determine if you need a state tax ID.

Ownership Type

Select the owner type that applies to this application.

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> State |
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> County |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> City |
| <input type="checkbox"/> For-Profit Limited Liability Company | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Nonprofit Limited Liability Company | <input type="checkbox"/> Church |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Health District or Authority |

Owners and Managerial Officials

In the space below, provide the full legal name, title, address, phone number, and email address for all officers, directors, partners, owners and managerial officials of the applicant listed above. Include the percent of ownership or interest. Use additional pages if necessary.

Legal Name: _____ Title: _____

Permanent Address (PO Box is not acceptable): _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Owner/Member: % of ownership: _____

Legal Name: _____ Title: _____

Permanent Address (PO Box is not acceptable): _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Owner/Member: % of ownership: _____

Legal Name: _____ Title: _____

Permanent Address (PO Box is not acceptable): _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Owner/Member: % of ownership: _____

Home Management Services Offered

Check which services will be provided by the registrant:

- Housekeeping
- Meal Preparation
- Shopping

Workers' Compensation Insurance

State law requires that the commissioner of health withhold the registration for the operation of a home management business until the applicant presents acceptable evidence of compliance with workers' compensation requirements. **If the applicant has employees it must have active workers' compensation insurance and the applicant must be listed as the insured entity.** An application for workers' compensation insurance is not acceptable as evidence of coverage. You will not be issued a registration to operate as a home management provider unless acceptable evidence of compliance with [176.181](#) and [176.182](#) is presented with this application or you meet an exception from coverage. Applicants can find information on the Department of Labor website: [Workers' Compensation – Businesses \(https://www.dli.mn.gov/business/workers-compensation-businesses\)](http://www.dli.mn.gov/business/workers-compensation-businesses)

Check the type of evidence of coverage that is included with this application.

- Certificate of Workers' Compensation Insurance Coverage**
This document is supplied by an authorized workers' compensation carrier pursuant to [Minnesota Statute 60A.06, Subd. 1\(5b\)](#). The insurance must be in effect prior to the issuance of a registration.
- Self-Insured Workers' Compensation (Including Attachment "A")**
This type of coverage is generally held by large organizations. The certificate is issued from the commissioner of commerce permitting an organization to self-insure pursuant to [Minnesota Statute 79A](#) and [Minnesota Rules Chapter 2780](#). Questions regarding self-insurance should be directed to:
[Minnesota Department of Commerce https://mn.gov/commerce/industries/insurance/licensing/self-insurance/](https://mn.gov/commerce/industries/insurance/licensing/self-insurance/)
- Self-Insured as a Government Entity**
Written confirmation from your third party administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to self-insure as a government entity/political subdivision pursuant to [Minnesota Statute 176.181, Subd. 2](#). The reinsurance certificate must be renewed annually on a calendar year basis.
- I do not have employees at this time. If I hire employees, I will obtain workers' compensation insurance and notify MDH.**
This option is only applicable if the home care provider does not have employees. "Employee" is defined in [Minnesota Statute 176.011, subd. 9](#).

Registration Fee

Annual Registration Fee:

- Individuals – \$20.00
- Organizations – \$50.00

A fee of \$30.00 will be charged for any payment rejected due to insufficient funds.

Managerial Official Verification

The undersigned hereby registers to provide home management services subject to the requirements of Minnesota Statutes, sections [144A.44](#) and [144A.482](#).

Read the following statements, initial each, if true, and sign below.

I certify that I have read and understand the following Minnesota Statutes:

- _____ [Home Care Statutes 144A.44 and 144A.482](#)
(<https://www.health.state.mn.us/facilities/regulation/homecare/laws/index.html>)
- _____ [Reporting of Maltreatment of Vulnerable Adults \(https://www.revisor.mn.gov/statutes/cite/626.557\)](#)
- _____ [Reporting of Maltreatment of Minors \(https://www.revisor.mn.gov/statutes/cite/260E\)](#)

_____ I understand that the home care bill of rights as in provided in Minnesota Statute, section [144A.44](#) applies to clients receiving home management services and I agree to comply with those provisions.

APPLICATION FOR HOME MANAGEMENT REGISTRATION

_____ I understand the commissioner may suspend or revoke the certificate of registration or assess fines for violation of the home care bill of rights.

_____ I understand that any individual who provides home management services under Minnesota Statute, section [144A.482](#) will, within 120 days of beginning to provide services, attend an orientation session that provides training on the home care bill of rights and an orientation on the aging process and the needs and concerns of elderly and disabled persons.

_____ I understand that in accordance with [Minnesota Statute 144.051 Data Relating to Licensed and Registered Persons](#), all data submitted on this application shall be classified as public information upon issuance of the registration. All data submitted are considered private until the registration is issued.

_____ I understand that pursuant to [Minnesota Statute 13.04 Rights of Subjects of Data](#), the commissioner will use information provided in this application to determine if the applicant meets the requirements for home management registration. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a registration. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.

To the best of my knowledge, I certify that the information provided on this form is accurate and complete.

Applicant signature _____

Name (please print or type) _____

Title _____ Date _____

Minnesota Department of Health
Licensing, Registration, and Certification
Health Regulation Division
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.homecare@state.mn.us
<https://www.health.state.mn.us/facilities/regulation/homecare/index.html>

05/18/2022

To obtain this information in a different format, call 651-201-4200.