



**National Institute for Home Care Accreditation  
Standards of Accreditation® Program  
APPLICATION**

**Organization:** \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Suite #

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Web-Site: \_\_\_\_\_ Email address: \_\_\_\_\_

Name and Title of Organization Administrator: \_\_\_\_\_  
Name Title

1. Has the organization ever been denied accreditation, or had its accreditation revoked or been placed in a provisional status?

No  Yes, please provide details.

2. Has the organization ever been convicted, censured, sanctioned, or discharged by any law enforcement, regulatory, licensing or other government oversight body, or been the subject of any investigation or enforcement action conducted by any state or federal regulatory agency?

No  Yes, please provide an explanation.

3. Has any current employee (licensed, certified or otherwise), owner or governing authority member, or a past employee or governing authority member ever been convicted, censured, sanctioned, or discharged by any law enforcement, regulatory, licensing or other government oversight body, or been the subject of any investigation or enforcement activity conducted by any state or federal regulatory agency?

No  Yes, please enclose an explanation.

**4. The organization must meet the following four conditions to apply for accreditation:**

**4.1. Service must be directly provided by the organization. Does the organization provide direct home care services?**

Yes, how many hours in the past last twelve months? \_\_\_\_\_ Hours  No

**4.2. The organization must directly employ the Direct Care employee.** (*Organizations, which serve as a registry, placement agencies, job list or do not directly employ the Direct Care Staff are not eligible for accreditation*)

How many Direct Care Employee are employed? Full time \_\_\_\_\_ Part time \_\_\_\_\_

**4.3 The organization must be in operation for at least one (1) year at the completion of the accreditation process.**

Date business started \_\_\_\_\_

*(A copy of the Article of Incorporation or other official documents must be attached to this application)*

**4.4. Has the organization handled the required minimum of twenty (20) cases?**

Yes. How many cases does the organization currently have? \_\_\_\_\_

No

**Service Usage and Organizational Data**

1. Population of total service area \_\_\_\_\_
2. What percentage of the service area is: Over age 65 \_\_\_\_\_ Minority \_\_\_\_\_
3. How many branch offices do you have? \_\_\_\_\_
4. Do you have another national accreditation?  No  Yes, who \_\_\_\_\_
5. Is the organization Medicare certified:  Yes  No
6. Is the organization Medicaid approved:  Yes  No
7. Is the organization Licensed:  Yes *(attach a copy of license)*  No  
 No licensed required
8. Service provided for last year with complete figure. Please specify year.

Year:	Units		Cases	
	Number	% of total	Number	% of total
20__				
a. Age 60 +				
b. Age 18-59				
c. Families with children				
d. Other:				
<b>TOTAL</b>				

9. Please provide the following information from the most recent completed fiscal year:

a. Total **Gross Revenue** \$ \_\_\_\_\_

**DISCLAIMER:**

**THE NATIONAL INSTITUTE FOR HOME CARE ACCREDITATION (NIHCA), RESERVES THE RIGHT, IN ITS SOLE DISCRETION, WITHOUT EXPLANATION OR REASON, TO REFUSE TO CONSIDER OR PROVIDE AN APPLICATION FOR ACCREDITATION TO ANY ORGANIZATION, AND TO WITHHOLD, DENY OR DISCONTINUE ACCREDITATION TO ANY ORGANIZATION.**

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**► APPLICATION FEE:**

The application fee must accompany this completed application. This entire application fee is non-refundable and excludes actual site-visitation costs of the peer reviewers (travel, lodging, food, etc.). Checks should be made to **National Institute for Home Care Accreditation, and mailed to P.O. Box 367, Herndon, Virginia 20172.** *(If the NIHCA Self-Assessment is NOT received by NIHCA within 12 months of the date issued to the organization, the initial application fee is forfeited and an additional non-refundable \$500 re-application fee will be due before the organization can continue with the accreditation process.)*

**Application Fee enclosed:** \$ \_\_\_\_\_

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**CERTIFICATION**

**► I have read the above Disclaimer and further understand that this Application is not a contract or guarantee of accreditation. I certify that the information provided herein is complete and accurate to the best of my knowledge, and I realize that my application for accreditation may be denied, or that my accreditation may be revoked or discontinued if any of the information provided herein is false. I further understand that the Application Fee is non-refundable.**

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**Applicant's Signature**

**Date**