State of Illinois
Illinois Department of Public Health

# Home Health Agency Management Status Form

The Illinois Department of Public Health has received notification that your agency has changed a member of the management team. In order to determine that your agency continues to maintain compliance with the Illinois Department of Public Health's Home Health Agency Rules and Regulations, the following information must be provided.

Date management team changed ______________________

Name of home health agency ______________________

Address ______________________

City ______________________ State ____ Zip Code ____________

License number ______________________ Medicare number ____________

**Illinois Parent Office**

Name of administrator ______________________

1. Agency's designation of the administrator position if different than "Administrator" (such as Executive Director, President, etc)

______________________

2. Is the agency administrator serving another HHA in any capacity: If so, please list the name(s) of the agency(ies) and the identification number(s).

______________________

______________________

Name of agency supervisor ______________________

1. Agency's designation of the agency supervisor position if different from the "Agency Supervisor" (such as Director of Nursing, Clinical Director, etc.)

______________________

2. Is the agency supervisor serving another HHA in any capacity: If so, please list the name(s) of the agency(ies) and the identification number(s).

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# Home Health Agency Management Status Form

**If your Illinois home health agency has any branch offices, please complete the following:**

Branch of Illinois Parent Agency
Approved Branch Office Management

Branch location ____________________

Supervisor name ____________________

Title of individual ____________________

This supervisor reports to

Name ____________________

Title ____________________

If your agency has more than one branch, please provide the same information for each branch office or attach an additional page.

**Please return this form to Illinois Department of Public Health, 525 West Jefferson Street, 4th Floor, Springfield , IL 62761. Be sure to include the appropriate qualification review form and a copy of the employee's current Illinois license, if applicable.**