

**Louisiana Department of Health**  
**Health Standards Section**

**CASE MANAGEMENT**  
**Initial Licensure Checklist**

- \_\_\_\_\_ Completed Case Management Application
- \_\_\_\_\_ Non-refundable application fee and Payment Transmittal Form located at:  
<https://ldh.la.gov/index.cfm/page/1737>
- \_\_\_\_\_ Copy of Administrator's Resume
- \_\_\_\_\_ Statement of Information, to include and to validate:
  - a) days and hours of operation; and
  - b) publication of 24-hour telephone number
- \_\_\_\_\_ Copy of the Office Floor Plan displaying the front and rear entrance/exit
- \_\_\_\_\_ Copy of the current Statewide Criminal Background Check conducted by the Louisiana State Police or its authorized agent for all owners & administrators. Each owner must be at least aged 18 years
- \_\_\_\_\_ Copy of the current Statewide Sex Offender Registry Status conducted by the Louisiana State Police or its authorized agent for all owners & administrators. Each owner must be at least aged 18 years
- \_\_\_\_\_ Copy of Proposed Budget for six months to one year
- \_\_\_\_\_ Copy of General Liability Insurance Certificate in the amount of at least \$300,000 that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767
- \_\_\_\_\_ Copy of Professional Liability Insurance Certificate in the amount of at least \$300,000 that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767
- \_\_\_\_\_ Copy of Worker's Compensation Insurance Certificate that is current and in effect at the time of license application. Certificate holder should be identified as: Louisiana Department of Health, Health Standards Section, P. O. Box 3767, Baton Rouge, Louisiana 70821-3767
- \_\_\_\_\_ Copy of completed Disclosure of Ownership Form which includes any controlling interest or ownership in any other licensed agencies
- \_\_\_\_\_ Copy of the Organizational Chart, including names, addresses, position titles and terms of membership of the key administrative personnel and governing body