License Application
Home and Community Based Case Management Agency

The following individual, agency, or organization hereby applies to be licensed as a Home and Community Based Case Management Agency, in compliance with Chapter 17-1454, Hawaii Adminstrative Rules.

Check below for the county(s) you wish to serve as a Case Managemetn Agency

☐ City and County of Honolulu ☐ Hawaii County ☐ Maui County ☐ Kauai County

☐ Check here if this is a request to renew an existing license ☐ Check here if requesting to expand services to another county

Applicant Information

Name of Applicant - Individual, Agency or Organization _____ Telephone Number _____

Primary Address _____ City _____ State _____ Zip _____

Mailing Address (if different from primary address, i.e. PO Box number) _____

Name and Title of Principal Contact _____ Telephone Number _____

The following materials must be submitted with this signed application form:

2. A written statement of services to be provided;
3. Information relating to the applicant's organization and administration; such as but not limited to organizational chart, administrative policy and procedures
4. A signed financial statement that describes the policies and procedures governing internal controls of financial matters and includes information on revenues and expenses for the previous fiscal year related to services provided,
5. Information on the number of staff members and the staff members' duties, educational backgrounds, and work experiences such as but not limited to resume's and agency applications and/or complete employee records; and
6. Background check documents, as provided in section 17-1454-7.1. (this must include the appropriate background checks for all employees)

Note: The date of application shall be the date CTA receives all required forms and information necessary for CTA to make a disposition, including any exemptions to background checks from the Department of Human Services.
CTA will dispose of an application on the 60th day from the date of application if incomplete. If incomplete, CTA will return your application along with a letter explaining any missing or incomplete information.

An onsite agency visit will be scheduled for all complete applications received, therefore, applicant must be prepared for a CTA onsite review prior to submitting an application.

Please do not call CTA until 15 working days after you mail your completed application to allow for processing

Signature _____ Title _____ Date _____

Print Name _____ Cell phone number, if applicable _____

For Office Use Only

Date application Rec'd	Date letter sent if incomplete	Date application complete

Return to:
Community Ties of America, Inc.
45-955 Kamemeha Hwy, Suite 300
Kaneohe, HI 96744
Fax: (808) 234-5470

CTA-140
6/1/09 AE