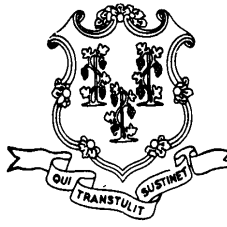


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
Email: dcp.licenseservices@ct.gov
To apply online visit: www.ct.gov/dcp/apply



Instructions for Homemaker-Companion Agency Registration

Definitions

- **“Homemaker-Companion Agency”** means any public or private organization, employing one or more persons engaged in the business of providing companion services or homemaker services.
- **Companion services** mean nonmedical, basic supervision services to ensure the well-being and safety of a person in such person’s home.
- **Homemaker services** means nonmedical, supportive services that ensure a safe and healthy environment for a person in such person’s home, such services include to include assistance with personal hygiene, cooking, household cleaning, laundry and other household chores.
- **Registry services** means supplying or referring an individual or placing an individual with a consumer to provide homemaker or companion services.

Application Fee:

- A check or money order in the amount of **\$375.00** made payable to **“Treasurer, State of Connecticut”** must accompany the application. Application fees are non-refundable. Once approved, Homemaker-Companion Agency registrations are non-transferable or assignable. All registrations expire annually on October 31st. If your application is approved within 90 days of the expiration date, you will be bumped to the next renewal cycle.

Certificate of Good Standing for Legal Entities:

- All Corporations, LLCs and LLPs are required to hold an active Certificate of Good Standing (Articles of Organization) with the Connecticut Secretary of State. Information can be obtained on the Secretary of State’s web site at www.sots.ct.gov.

Surety Bond:

- The Homemaker-Companion Agency shall maintain a surety bond of at least \$10,000.00 coverage. Applicants should contact their insurer regarding the type and amount of surety bond required based on agency size, number of employees, number of clients, etc.

Comprehensive Background Check:

- Pursuant to Section 20-672 of the CT General Statutes, all applicants, including all members and/or officers of legal entities, are subject to a comprehensive State and National criminal history records check to be conducted by the Department.

Return the completed application, documentation and fee to:

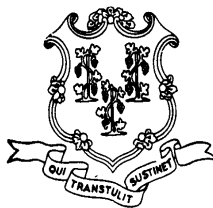
**Department of Consumer Protection
License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103**

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103

Email: dcp.licenseservices@ct.gov

To apply online visit: www.ct.gov/dcp/apply



Application for Homemaker-Companion Agency Registration

A check or money order in the amount of **\$375.00** made payable to "Treasurer, State of Connecticut" must accompany the application. Return your completed application, documentation and fee to the address indicated above. All registrations expire annually on October 31st.

Applicant Information

Indicate Legal Entity Type: ☐ Individual ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Liability Partnership

Name of Individual or Legal Entity

Trade (Business) Name

Business Street Address

City

State

Zip Code

Telephone Number

Email address to be used for all correspondence

SSN or FEIN

Mailing Address (if different than above)

Street Address

City

State

Zip Code

Services, Employees & Records

1. Do you provide Homemaker-Companion Services? ☐ Yes ☐ No If yes, indicate the number of employees below.

Full-time Employees:

Part-time Employees:

Total Number of Homemaker-Companion Employees:

2. Do you provide Registry Services? ☐ Yes ☐ No If yes, indicate the number of individuals on referral below.

Full-time Employees:

Part-time Employees:

Total Number of Registry Employees:

3. Are all business records kept at the above address? ☐ Yes ☐ No If no, specify alternate address below.

Street Address

City

State

Zip Code

Business Questions

4. Do you currently perform services requiring licensure by the Connecticut Department of Public Health? ☐ Yes ☐ No
 If yes, please list your license numbers.

5. Have any court judgments or administrative orders been issued against you or any person, company or entity that is affiliated with you, as a result of your activities as the provider of homemaker companion services in any state? ☐ Yes ☐ No
 If yes, attach a letter of explanation.

6. Has the applicant, or any partners, corporate officers or members ever been convicted of a felony crime? ☐ Yes ☐ No
 If yes, please provide the date(s) and nature of conviction(s), where the cases were decided, and a description of the circumstances relating to each such conviction.

Ownership Information: List all persons associated with ownership (Attach additional sheets if necessary)

***The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is not mandatory under Federal law, however, failure to do so may delay processing your application. The agency uses your Social Security Number for identification purposes and will not disclose your Social Security Number for any purpose not required by law.*

| | | | | | |
|--------------------------|------------------------|----------------|--------------------|-------|--------------|
| First Name | | Middle Initial | Last Name | | |
| Residence Street Address | | City | | State | Zip Code |
| Telephone Number | Social Security Number | Date of Birth | Driver's License # | | State Issued |

| | | | | | |
|--------------------------|------------------------|----------------|--------------------|-------|--------------|
| First Name | | Middle Initial | Last Name | | |
| Residence Street Address | | City | | State | Zip Code |
| Telephone Number | Social Security Number | Date of Birth | Driver's License # | | State Issued |

| | | | | | |
|--------------------------|------------------------|----------------|--------------------|-------|--------------|
| First Name | | Middle Initial | Last Name | | |
| Residence Street Address | | City | | State | Zip Code |
| Telephone Number | Social Security Number | Date of Birth | Driver's License # | | State Issued |

| | | | | | |
|--------------------------|------------------------|----------------|--------------------|-------|--------------|
| First Name | | Middle Initial | Last Name | | |
| Residence Street Address | | City | | State | Zip Code |
| Telephone Number | Social Security Number | Date of Birth | Driver's License # | | State Issued |

Read and Affirm the following statements

1. The homemaker-companion agency shall require any employee hired after October 1, 2006 to submit to a comprehensive background check and comply with Section 20-678 of CGS. ☐ Yes ☐ No
2. The homemaker-companion agency will provide individualized contracts or service plans for each client that identifies the anticipated scope, frequency and duration of service. ☐ Yes ☐ No
3. The homemaker-companion agency shall maintain a surety bond of at least \$10,000.00 coverage. ☐ Yes ☐ No
4. All homemaker-companion agency records shall be open for inspection, copying or auditing by the Department of Consumer Protection. ☐ Yes ☐ No

Certification

I have read the above statement and it is true to the best of my knowledge. I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Commissioner of Consumer Protection or any person designated by the commissioner in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

Signature of Applicant

Date

Subscribed and sworn to before me, this _____ day of _____, 20____

Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court

My Commission Expires