



## OFFICE ON AGING AND INDEPENDENCE

HOWARD COUNTY DEPARTMENT OF COMMUNITY RESOURCES AND SERVICES  
9830 Patuxent Woods Drive • Columbia, Maryland 21046 • 410-313-6410  
Calvin Ball, County Executive • Ofelia Ross Ott, Administrator

aging@howardcountymd.gov

FAX 410-313-6540

Dear Applicant:

Thank you for your interest in the Office on Aging & Independence's Home Care Registry. The Registry Document is published as a tool for the use of community residents. **Please note: The Office on Aging & Independence is unable to endorse the providers who are listed on the Home Care Registry.**

The Registry is made available to older persons, younger persons with disabilities, their families and Howard County Agencies that work with the older adult and persons with disabilities populations. The document is posted on the Howard County Office on Aging & Independence website: [www.howardcountyaging.org](http://www.howardcountyaging.org). Typically, a consumer or consumer-representative calls us for information on accessing in-home care. We provide them with the Home Care Registry website link, e-mail, or mail a copy of the document. The consumer or consumer-representative is encouraged to review the list and contact several agencies to discuss his/her needs as well as practical matters such as asking about licensing, bonding, and cost of services.

You may find the application on our website at:

<https://www.howardcountymd.gov/aging-independence/home-care-registry>.

The Office on Aging & Independence does not receive a fee from either you or the consumers involved for the information posted on the list. The Office on Aging & Independence reserves the right to reject any application for the Registry for any reason, including but not limited to applicants who sell or promote financial products or other non-related person care services to older persons or persons with disabilities. Questions about the Individual Registry can be addressed to Jeanne White-Davis at 410-313-5824 or [JWhiteDavis@howardcountymd.gov](mailto:JWhiteDavis@howardcountymd.gov). Questions about the Agency Registry can be addressed to Emily Leclercq at 410-313-5917 or [ELeclercq@howardcountymd.gov](mailto:ELeclercq@howardcountymd.gov).

*The Department of Community Resources and Services provides vital human services through its offices of ADA Coordination, Aging and Independence, Children and Families, Community Partnerships, Consumer Protection, Disability Services, Human Trafficking Prevention, the Local Children's Board, and Veterans and Military Families.*

## APPLICATION FOR THE HOME CARE REGISTRY - AGENCY

**AGENCY NAME:**  **DATE:**

Address:

Phone:  Alt. Phone:  E-mail:

Agency Owner Name:

Agency Manager Name(if different than owner):

Is your agency licensed and bonded?                      Yes                      No

Is your agency licensed by the State of Maryland, Department of Health and Mental Hygiene, as a Nursing Staff Agency?                      Yes                      No                      If yes, license # \_\_\_\_\_

Is your agency licensed by the State of Maryland, Department of Health and Mental Hygiene, as a Nursing Referral Service Agency?                      Yes                      No                      If yes, license # \_\_\_\_\_

Do you have at least one Registered Nurse on staff that performs initial assessments and creates a plan of care with the client and/or caregivers?                      Yes                      No

Does your agency accept medical insurance as payment for services?                      Yes                      No

Does the agency have experience working with individuals who are or have:

Blind       Deaf       Incontinent       Alzheimer/Dementia       Younger Persons with Disabilities

Indicate if you are willing to perform the following duties - please check all that apply:

<input type="checkbox"/> Companion Care	<input type="checkbox"/> 24 hour care	<input type="checkbox"/> Light Cleaning	<input type="checkbox"/> Transportation
<input type="checkbox"/> Lifting	<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Toileting	<input type="checkbox"/> Reading Mail
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Grooming	<input type="checkbox"/> Shopping	<input type="checkbox"/> Medication Reminders
<input type="checkbox"/> Overnight Care	<input type="checkbox"/> Laundry	Other:	

Special Training, License(s) and Certificate(s):

List languages spoken by staff:

## APPLICATION FOR THE HOME CARE REGISTRY - AGENCY

Days/Hours  
Available:

I hereby authorize the Office on Aging and Independence to publish my agency's name and the information on the Home Care Registry for use by private citizens who may be interested in utilizing the services of my agency. I understand that neither Howard County Government nor the Office on Aging and Independence endorse any one agency. This information is published as a courtesy for Howard County residents and does not constitute a guarantee of referrals to the agency.

Name:

Phone:

Signature:

Date:

**Please complete and return by mail, e-mail or fax to:**

Office on Aging and Independence  
9830 Patuxent Woods Drive  
Columbia, MD 21046  
Attention: Emily Leclercq ,  
eleclercq@howardcountymd.gov  
410-313-6540 (fax)

**Please direct any questions to:** Emily Leclercq 410-313-5917 (office)

Rev 06/20/2018