

# Indiana Department of Health

## Comprehensive & Residential Care License

*This is to certify that:*

**FACILITY NAME**

**STREET ADDRESS**

**CITY, IN**

*a 150 bed Comprehensive Care, 25 bed Residential Care Facility, has fulfilled the requirements for licensure and is subject to provisions of IC 16-28 and the rules of the Indiana Department of Health issued thereunder.*

*This license shall not be assignable or transferable, and shall be subject to revocation, replacement, or reduction at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana Department of Health issued thereunder.*

*License number 22-000000-1 is effective May 1, 2022 and expires April 30, 2023.*

**\*ONLY use the middle 6 digits of your license number to submit an online payment**



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DIRECTOR, LONG TERM CARE DIVISION  
PH 317/234-7340 FAX: 317/233-7322

SDH 25-028  
State Form 44876 (R3/5-05)  
HEA FACI/CERT

# Indiana Department of Health

## Hospital License

*This is to certify that:*

**HOSPITAL NAME**  
**STREET ADDRESS**  
**CITY, IN**

*a Hospital, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana Department of Health issued thereunder.*

*This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana Department of Health issued thereunder.*

*License number 20-000000-1 is effective July 1, 2020 and expires June 30, 2022.*

**\*ONLY use the middle 6 digits of your license number to submit an online payment**



Division Director Acute and Continuing Care Services

# Indiana Department of Health

## Home Health Agency License

*This is to certify that:*

**AGENCY NAME**  
**STREET ADDRESS**  
**CITY, IN**

*a Home Health Agency, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-27, 410 IAC 17 and the rules of the Indiana Department of Health issued thereunder.*

*This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana Department of Health issued thereunder.*

*License number 22-000000-1 is effective January 1, 2022 and expires December 31, 2022.*

**\*ONLY use the middle 6 digits of your license number to submit an online payment.**



DIRECTOR HOME AND COMMUNITY BASED CARE