FREE GUIDE

Home Care Startup Checklist

Does your state require a license? The 10 steps from idea to first client. Plus 3 real agency forms you can use today.

Home Care Founders

Everything you need to open your home care agency, ready to edit.

Step 1: Does Your State Require a License?

Non-medical home care (personal care and companion services) · last checked November 2026

"Yes" means your state licenses or registers non-medical home care agencies, so you will need written policies to apply. "No" means no state license is needed for private-pay non-medical care, though Medicaid and local rules may still apply. Always confirm with your state before you apply.

State	License?	Who regulates it	State	License?	Who regulates it
Alabama	No	Dept. of Public Health (home health only)	**Montana**	No	Dept. of Public Health & Human Services
Alaska	No	Dept. of Health	**Nebraska**	No	Dept. of Health & Human Services
Arizona	No	Dept. of Health Services	**Nevada**	Yes	Division of Public & Behavioral Health
Arkansas	Yes	Dept. of Health	**New Hampshire**	Yes	DHHS, Health Facilities Administration
California	Yes	Dept. of Social Services, Home Care Services	**New Jersey**	Registration	Division of Consumer Affairs
Colorado	Yes	Dept. of Public Health & Environment	**New Mexico**	Varies	Health Care Authority
Connecticut	Registration	Dept. of Consumer Protection	**New York**	Yes	Dept. of Health
Delaware	Yes	Division of Health Care Quality	**North Carolina**	Yes	Division of Health Service Regulation
District of Columbia	Yes	DC Health, Health Regulation & Licensing	**North Dakota**	No	Dept. of Health & Human Services
Florida	Reg./Yes	Agency for Health Care Administration	**Ohio**	Yes	Dept. of Health
Georgia	Yes	Dept. of Community Health, Healthcare Facility Regulation	**Oklahoma**	Yes	State Dept. of Health
Hawaii	Yes	Dept. of Health, Office of Health Care Assurance	**Oregon**	Yes	Oregon Health Authority
Idaho	No	Dept. of Health & Welfare	**Pennsylvania**	Yes	Dept. of Health
Illinois	Yes	Dept. of Public Health	**Rhode Island**	Yes	Dept. of Health
Indiana	Yes	Dept. of Health	**South Carolina**	Yes	Dept. of Public Health
Iowa	No	Dept. of Inspections, Appeals & Licensing	**South Dakota**	No	Dept. of Health
Kansas	Yes	Dept. of Health & Environment	**Tennessee**	Yes	Health Facilities Commission
Kentucky	Yes	Cabinet for Health & Family Services, Office of Inspector General	**Texas**	Yes	Health & Human Services Commission
Louisiana	Yes	Dept. of Health, Health Standards	**Utah**	Yes	DHHS, Licensing & Background Checks
Maine	Yes	DHHS, Division of Licensing & Certification	**Vermont**	No	Dept. of Disabilities, Aging & Independent Living
Maryland	Yes	Office of Health Care Quality	**Virginia**	Yes	Dept. of Health, Office of Licensure & Certification
Massachusetts	Changing	Executive Office of Health & Human Services	**Washington**	Yes	Dept. of Health
Michigan	No	Dept. of Licensing & Regulatory Affairs	**West Virginia**	Registration	Office of Health Facility Licensure & Certification
Minnesota	Yes	Dept. of Health	**Wisconsin**	No	Dept. of Health Services
Mississippi	No	State Dept. of Health	**Wyoming**	No	Dept. of Health
Missouri	No	Dept. of Health & Senior Services			

The 10 Steps From Idea to First Client

Check each one off as you go

1. ☐ **Pick your services and service area.**
   Non-medical care means personal care, companionship, homemaking and respite. No nursing. Decide which counties you will serve.
2. ☐ **Check your state's rules.**
   Use the table to find who regulates home care, then download your state's licensing rules and, if you want Medicaid clients, the Medicaid personal care provider manual.
3. ☐ **Set up your business.**
   Form your LLC, get an EIN from the IRS, and open a business bank account.
4. ☐ **Get insured.**
   General and professional liability insurance at minimum; workers' compensation and bonding where required.
5. ☐ **Write your policies, procedures and forms.**
   Most states want a policy manual before they approve you. This is the step where most new owners get stuck.
6. ☐ **Apply for your license or registration.**
   Submit the application, pay the fee and prepare for any inspection.
7. ☐ **Set up hiring.**
   Job descriptions, background and registry checks, orientation and the training hours your state requires.
8. ☐ **Set up operations.**
   Scheduling, electronic visit verification (EVV) if you serve Medicaid clients, visit documentation, payroll and billing.
9. ☐ **Decide who pays you.**
   Private pay rates, Medicaid enrollment (usually after licensing), veterans programs and long-term care insurance.
10. ☐ **Find your first clients.**
    Hospital discharge planners, senior centers, physician offices, a Google Business Profile and word of mouth.

Questions to Ask Your State Before You Spend a Dollar

- ☐ Do I need a license, a registration or nothing for non-medical home care?
- ☐ Is there a separate license for hands-on personal care versus companion-only services?
- ☐ What does the application cost, and how long does approval take?
- ☐ Do I have to submit a policy and procedure manual with my application?
- ☐ How many hours of training must caregivers complete, and must it be a state-approved course?
- ☐ Which background checks are required before a caregiver meets a client?
- ☐ How often must a supervisor visit clients' homes?
- ☐ How long must I keep client records?
- ☐ Which incidents must be reported to the state, and how fast?
- ☐ If I want Medicaid clients: which programs pay for personal care, and which EVV system do they use?

Your 3 Free Agency Forms

Print them, or use them as a model for your own

On the next pages you'll find three forms that every home care agency uses:

- Client Intake Form: capture every referral the same way.
- Client Bill of Rights and Acknowledgment: required in some form by most states.
- Incident Report: document falls, injuries and emergencies the right way.

Spots highlighted in yellow, like [AGENCY NAME], are where your own information goes.

Client Intake Form

[AGENCY NAME] · [OFFICE PHONE]

REFERRAL INFORMATION

Date of Referral	**Taken By**
Referral Source	**Referral Contact & Phone**

CLIENT INFORMATION

Client Full Name	**Date of Birth**
Address	**City / State / ZIP**
Phone	**Email**
Primary Language	**Lives Alone?** ☐ Yes ☐ No

EMERGENCY CONTACT / REPRESENTATIVE

Name	**Relationship**
Phone	**Legal Representative?** ☐ Yes ☐ No

PAYER

☐ Medicaid / Waiver ☐ Private Pay ☐ Long-Term Care Insurance

☐ Veterans Program ☐ Other:

Member / Policy ID	**Authorization # / Hours**

SERVICES REQUESTED

☐ Bathing ☐ Dressing / Grooming ☐ Toileting

☐ Transfers / Mobility ☐ Meal Preparation ☐ Light Housekeeping

☐ Laundry ☐ Errands / Shopping ☐ Companionship

☐ Medication Reminders ☐ Respite ☐ Other:

Days / Hours Requested	**Requested Start Date**

INTAKE DECISION

☐ Accepted, assessment scheduled for: _____ ☐ Not accepted, reason / referred to: _____

_____ _____

Intake Staff Signature Date

Client Bill of Rights and Acknowledgment

[AGENCY NAME] · [OFFICE PHONE]

As a client of [AGENCY NAME], you have the right to:

- Be treated with courtesy, dignity and respect.
- Take part in planning your care and be told about changes in advance.
- Refuse services and be told what may happen if you do.
- Privacy and confidentiality of your information and records.
- Know the cost of services, in writing, before they begin.
- Be free from abuse, neglect, exploitation and discrimination.
- Have your property and home treated with respect.
- Voice complaints without fear of losing services or being treated differently.
- Receive services from trained and qualified staff.

You are responsible for:

- Giving accurate and complete information about your needs.
- Telling the Agency about changes in your health, address or needs.
- Providing a safe place for caregivers to work.
- Treating caregivers with respect.
- Paying for services as agreed.

HOW TO MAKE A COMPLAINT

Call [OFFICE PHONE] or write to [AGENCY ADDRESS]. We will respond within 10 business days. You may also contact [STATE LICENSING AGENCY]. To report abuse, neglect or exploitation, call [ABUSE HOTLINE NUMBER].

I received and understand this Bill of Rights.

Client or Representative Signature	Date
Agency Representative Signature	Date

Incident Report

[AGENCY NAME] · [OFFICE PHONE]

Date of Incident	**Time**
Client Name	**Location**
Reported By	**Date Reported to Office**

TYPE OF INCIDENT

- ☐ Client fall
- ☐ Client injury
- ☐ Worker injury
- ☐ Medical emergency
- ☐ Suspected abuse / neglect
- ☐ Missing property / theft
- ☐ Medication concern
- ☐ Property damage
- ☐ Other:

WHAT HAPPENED (FACTS ONLY: WHO, WHAT, WHEN, WHERE)

ACTION TAKEN

- ☐ 911 called
- ☐ First aid given
- ☐ Family notified
- ☐ Physician notified
- ☐ Abuse hotline called
- ☐ Supervisor notified

OFFICE USE: REVIEW AND FOLLOW-UP

Reviewed By	**Date Reviewed**
Reported to Outside Agency?	**Corrective Action**

Person Reporting Signature

Date

Administrator Signature

Date

READY FOR THE REST?

Get all 44 policies and 29 forms, already written.

The Home Care Agency Starter Bundle includes:

- A 60-page Policy & Procedure Manual with 12 chapters and 44 policies, in editable Word
- 29 agency forms, each its own editable Word file
- The Make It Yours State Guide, with a customization checklist for your state

homecarefounders.com

Founders' price through December 31.

Templates and guides for general education only; not legal, tax or regulatory advice. Requirements vary by state and change over time.