Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
Hathaway Building, Suite 510, 2300 Capitol Avenue, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WDH-OHLS@wyo.gov - Website: http://www.health.wyo.gov/ohls

HOME HEALTH AGENCY
ADDITION OF DROP SITE LOCATION

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. Main (parent) agency location (physical address)
	2. Physical address of requested drop site location.
	3. Is staff assigned to the drop site location?
	4. Do you accept referrals from the drop site location?
	5. Is the drop site location listed in brochures/advertisements as a location of the HHA?
	6. Do the health aides receive assignments from the drop site location?
	7. Are clinical records maintained at the drop site location?
	8. If yes to #7, how are they secured?
	9. Is there a computer and/or a phone at the drop site location?
	10. If there is a computer (#9), what functions are performed on the computer?
	11. If there is a phone (#9), what is the phone number and what is the phone used for? (Calling physicians, arranging for services, etc.)
	12. Is the phone number (#9) for the drop site location given to physicians to call with updated orders?

	13. Does the drop site location have a caseload of patients? If so, what is the current patient census for the drop site location?
	14. Are personnel files, agency policies/procedures and other administrative records maintained at the drop site location?

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY	
Date:	**Surveyor Assigned to Review:**
Surveyor Recommendation Review Summary/Comments: **Date** **Surveyor Signature:**	
State Survey Agency Director/Administrator (or designee) Comments: **Additional Information Needed:** ☐ **Approved:** ☐ **Denied:** ☐ **Date:** **Signature:**	

(08/14/2025)