

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-9039

APPLICATION FOR RESIDENTIAL HEALTH CARE LICENSE OR SPECIAL HEALTH CARE SERVICES

EXISTING FACILITY LICENSE #: (N/A)
CURRENT FACILITY LICENSE EXPIRATION DATE, IF APPLICABLE: (N/A)

THIS APPLICATION SHALL BE FILLED OUT IN ACCORDANCE WITH RSA 151:4. A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LICENSURE CATEGORY. PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION. IF A SECTION DOES NOT APPLY TO YOUR FACILITY, MARK NOT APPLICABLE (N/A). FAILURE TO COMPLETE THE APPLICATION WILL RESULT IN A DELAY IN THE LICENSURE PROCESS. SEND THE ENTIRE COMPLETED FORM TO THE ADDRESS ABOVE. IF YOU NEED TO REVIEW YOUR LICENSING RULES, THEY CAN BE FOUND ONLINE AT: <https://www.dhhs.nh.gov/administrative-rules-health-facilities>

Check all applicable items:

- License renewal: *New facility: Other (please explain):
 *New owner: **Change in # of beds: ***Change in classification:
 **Change in address:

* Requires processing as a new application.
** Requires Local Approval Forms
*** Requires both

LICENSEE (Legal Owner of Facility): Home Point Solutions Inc TELEPHONE #: (603) 233 8128

NAME OF FACILITY (DBA): HOME HELPER HOME CARE of NH TELEPHONE #: (603) 233 8128
FAX #: ()

STREET ADDRESS: 28 Patch Hill Lane CITY: Milford STATE: NH ZIP: 03055

MAILING ADDRESS: 28 Patch Hill Lane CITY: Milford STATE: NH ZIP: 03055

ADMINISTRATOR: ASHISH K. USMAN

MEDICAL DIRECTOR (IF APPLICABLE): N/A

FACILITY E-MAIL ADDRESS (REQUIRED): AVEMAN@HOMEHELPER.HOMECARE.COM

IF APPLICABLE:
NUMBER OF BEDS: PRESENTLY LICENSED: N/A TOTAL # TO BE LICENSED: N/A

NUMBER OF HOB/C/FI OR STATE PLACED INDIVIDUALS IN HOME (Complete for He-P 804, He-P 805 and He-P 814): N/A

NUMBER OF ESRD STATIONS (Completed for He-P 811 licensees only): N/A

BRANCH OFFICE LOCATIONS (Complete if applies under He-P 809.07, 819.07, 822.07 & 823.07 only):

OWNERSHIP

a. Type of ownership: Association Partnership Corporation
 LLC Individual Other (explain)

b. List name and address of each person having an ownership interest (directly or indirectly) of greater than the facility. *See Attached*

c. If the licensee is organized as an association or corporation, list the name of the association or corporation, the name, address, and title of each officer. *See Attached*

d. If the licensee is a partnership, list the name and address of each partner. *N/A*

e. Is this a certified facility? (Facilities with deem status under RSA 151) YES NO
 Only applies to Lic P 802, 803, 809, 811, 812, 815, & 821

If you are already a certified facility, is this an increase in services? If YES, please call 1 800 852 3345

f. Are you planning on being a certified facility? If YES, please call 1 800 852 3345 ext. 9049 *N/A*

FEES:

| | |
|---|---|
| Hospitals (General, CAH, Psychiatric, Rehabilitation) (802) | \$25 per licensed bed |
| Free Standing Emergency Rooms (802) | \$500 |
| Nursing Homes (803) | \$25 per licensed bed |
| Residential and Supported Residential Care Homes (804 & 805) | \$15 per licensed bed (NO CHARGE FOR NH STATE PLACED RESIDENTS) |
| Non-Emergency Walk-In Care Centers (806) | \$500 |
| Residential Treatment and Rehabilitation Facilities (807) | \$25 per licensed bed |
| Home Health Care Providers (809) | \$250 |
| Birthing Centers (810) | \$150 |
| End Stage Renal Disease Dialysis Centers (811) | \$500 |
| Ambulatory Surgical Centers (812) | \$500 |
| Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (815) | \$25 per licensed bed |
| Educational Health Centers (816) | \$500 |
| Adult Day Care Centers (818) | \$200 |
| Case Management Agencies (819) | \$150 |
| Home Care Service Provider Agencies (822) | Less than ten clients \$25; Ten or more clients \$250 |
| <i>Check # 1004 Application fee sent</i> Home Hospice Care Providers (823) | \$250 |
| Hospice Houses (824) | \$25 per licensed bed |
| Substance Use Disorder Residential Treatment Facilities (826) | \$25 per licensed bed |
| Freestanding Megavoltage Radiation Therapy Facility (827) | \$500 |
| Psychiatric Residential Treatment Programs (830) | \$25 per licensed bed |

A check or money order (payable to: TREASURER, STATE OF NEW HAMPSHIRE) must be attached to this application. *Check # 1004 Application fee also sent.*

Applications submitted by those facilities exempt under RSA 151:41 (a), (b) & (c) are not required to pay the license fee.

APPLICATION
2023

APPLICATION FOR RESIDENTIAL HEALTH CARE LICENSE, OR SPECIAL HEALTH CARE SERVICES
February 2023

ADDITIONAL APPLICATION REQUIREMENTS. NOTE THAT NOT ALL APPLICATION REQUIREMENTS ARE LISTED HERE PLEASE REFER TO THE APPROPRIATE RULE TO DETERMINE OTHER ITEMS THAT NEED TO BE SUBMITTED.

1. Renewal applications must be submitted at least 120 days prior to expiration of the current license. (Yearly)
2. Include qualifications, including a resume with education and experience, and copies of all applicable licenses and certifications, for the administrator and medical director (if applicable). (Initial Application Only, unless changing Administrator or Medical Director)
3. Include information relative to whether the facility has been granted any waivers, exemptions, or variances to the rules by the Department of Health and Human Services and/or the State Fire Marshal. (Yearly)
4. Include a floor plan indicating the location of all rooms, # of beds in each bedroom, and fire exits. (Initial Application Only - NOT FOR He-P 809, 819, 820 & 823)
5. Include NH Secretary of State Authority to do business in the State of NH and/or trademark registration (Initial Application Only)
6. Include written local approvals from the health officer, the building official, the zoning officer, and the fire chief. For a building under construction, the written approvals required shall be submitted at the time of the application based on the local official's review of the building plans and again upon completion of the construction project. (Initial Application Only for ALL categories)
7. Include documentation that the water supply has been tested in accordance with RSA 485 and Env-Dw 702.02 and 704.02 (formerly Env-Ws 313.01 and 314.01). (Initial Application Only - NOT FOR He-P 809, 819, 820 & 823)
8. Include documentation that every 3 years the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702.02 (formerly Env-Ws 313.01) for bacteria and Env-Dw 704.02 (formerly Env-Ws 314.01) for nitrates. (NOT FOR He-P 809, 819, 820 & 823)
9. Include a list of all employees who have previously been granted waivers for criminal background check results from the Department of Health and Human Services. (Yearly and on Initial application if change of ownership or category)
10. Include the results of a criminal records check to include results for the state of New Hampshire for the applicant(s), the licensee (owner even if entity) if different than the applicant, the administrator, medical director and, if applicable, each household member 17 years of age or older who resides at the facility. (Initial Application Only)

FACILITY SERVICE DESCRIPTION: Complete even on renewal

See Attached
The following information will be used to determine which licensure category your facility will be placed in.

- I. Provide a detailed description of the services and programs you wish to provide.
- *II. Describe the facility's health care you wish to provide to residents.
- *III. Identify who will provide the health care listed in II.

*To be completed if applying for beds. SIGNATURES: This application must be signed by:

1. The owner if a private facility;
2. Two officers if a corporation;
3. Two authorized individuals if an association or partnership; or
4. The head of the government agency if a government unit.

I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.

DATE: 02/06/2024 SIGNED: [Signature], Asst. Dir. (Licensing) Director
(NAME AND TITLE)

DATE: 02/06/2024 SIGNED: [Signature], HAN DOWLA USMAN Secretary
(NAME AND TITLE)

For all facilities to be newly licensed as an ambulatory surgical center (He-P 812), hospital (He-P 802), birthing center (He-P 810), walk in care center (He-P 806), dialysis center (He-P 811), or special health care service (He-P 802 and He-P 827) located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):

I affirm that I have complied with 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: N/A SIGNED: N/A
(NAME AND TITLE)

DATE: N/A SIGNED: N/A
(NAME AND TITLE)

HFA OFFICE USE ONLY

CHECK NUMBER: _____
APPLICATION COMPLETE: _____

AMOUNT: _____
NOT COMPLETE: _____

(Describe in comments)

NEW RENEWAL CHANGE

| | | | |
|---------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| QUALIFICATIONS OF ADMINISTRATOR | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| COPY OF ADMINISTRATOR LICENSE | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| LIST OF EMPLOYEES WITH WAIVERS | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| WATER TEST (INITIAL OR 3YR) | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| FLOOR PLAN* | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| SECRETARY OF STATE INFORMATION | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| LOCAL APPROVAL | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| LSC INSPECTION | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| LSC PLAN OF CORRECTION | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| LICENSURE INSPECTION | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| PLAN OF CORRECTION | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |
| COMPLIED WITH RSA 151:4-a | Required <input type="checkbox"/> | Not Required <input type="checkbox"/> | Received <input type="checkbox"/> |

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES NO

LICENSURE CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> 02 Hospitals (General, CAH, Psychiatric, Rehabilitation) | <input type="checkbox"/> 14 Community Residence |
| <input type="checkbox"/> 03 Nursing Homes | <input type="checkbox"/> 15 ICF/IID |
| <input type="checkbox"/> 04 Residential Care Home Facility | <input type="checkbox"/> 16 Educational Health Services |
| <input type="checkbox"/> 05 Supported Residential Health Care Facility | <input type="checkbox"/> 18 Adult Day Care |
| <input type="checkbox"/> 06 Non-Emergency Walk-in Care | <input type="checkbox"/> 19 Case Management |
| <input type="checkbox"/> 07 Residential Treatment & Rehabilitation Facility | <input type="checkbox"/> 22 Home Care Service Provider |
| <input type="checkbox"/> 09 Home Health Care Provider | <input type="checkbox"/> 23 Home Hospice Care Provider |
| <input type="checkbox"/> 10 Birthing Center | <input type="checkbox"/> 24 Hospice House |
| <input type="checkbox"/> 11 End Stage Renal Disease Dialysis | <input type="checkbox"/> 26 Substance Use Disorder Res Treatment Facility |
| <input type="checkbox"/> 12 Ambulatory Surgical Center | <input type="checkbox"/> 27 Freestanding Megavoltage Radiation Therapy |
| | <input type="checkbox"/> 30 Psychiatric Residential Treatment |

REVIEWED BY: _____
(NAME & TITLE) (DATE)

ISSUE ANNUAL LICENSE: YES _____ NO _____

LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE:

- Meal Preparation
- Grocery shopping
- Meal Delivery Program
- Hydration Reminders
- Participate in Crafts
- Go to Religious Services
- Puzzles & Games
- Help with Social Media
- Playing or listening to music
- Light exercise
- Go for Walks
- Go to a park
- And other activities as needed

Home Helpers® Home Care will also offers a solution that provides 'round-the-clock support. Our Safety and 24-hour Monitoring services are designed to provide ensure elderly or loved one with disabilities always have the assistance they need.

****III. Identify who will provide the health care listed in II.***

Home Helpers® Home Care will hire associates to provide in home services described above. These associates will have the appropriate background checks completed before starting according to the NH regulations. Associates and their personal veciles will be covered by Home Helpers® Home Care's insurance coverage.

For the monitoring and wellness calls, Home Helpers® Home Care has a centralized solution with 24x7 support personnel on duty to provide needed assistance. This services is centralized across all of the Home Helpers® Home Care franchises.

Home Helpers Home care of Nashua will be responsible for all of the services offered and will be responsible for initial care plan creation, on going monitoring of services offered and will be the point of contact for the customers in case of any issues.

Home Helpers[®]
Making *Life Easier*[®]

Home Helpers Home Care of Nashua
28 Patch Hill Lane, Milford, NH
ausman@HomeHelpersHomeCare.com
+1 603 233 8128

I Ashish K Usman hereby affirm on this 26th day of January 2024 that:

- (1) I do not have a felony conviction in New Hampshire or any other state;
- (2) I Have not been convicted of a sexual assault, other violent crime, assault, fraud, theft, abuse, neglect, or exploitation or pose a threat to the health, safety, or well-being of a client; and
- (3) I Have not had a finding by the department or any administrative agency in New Hampshire or any other state for assault, fraud, theft, abuse, neglect, or exploitation of any person.



Ashish K Usman
Director, Home Helpers Home Care of Nashua

Ashish Usman, MBA, PMP

Profile

Accomplished software solution delivery and project management professional with extensive experience in leading global teams in creation, deployment of complex software solutions and business process applications for large and small corporate clients. Proven ability to develop and grow account relationships over long periods, identifying and successfully selling new business opportunities. Clear and consistent record of adding value to client by identifying areas of improvements; successfully delivering complex software solutions and contributing significantly to bottom-line revenue growth. Very strong leadership, staff-development, and relationship-management skills. Master and Bachelor of Business Administration in Accounting and Information Technology from a Top 20 university business school. Skilled in managing multiple, large-scale projects.

Customer Success Management · Project Management · Program Management · Healthcare · OnBase · Team Leadership · Account Growth · Relationship Management · Proposal Development · Sales Support · Financial Management · Rational Unified Process (RUP) · Agile · Problem Solving · PMP Process · PCI Compliance · Quality Assurance · HIPAA · CMMI · Six Sigma · Enterprise Search · ECMP · Content Management · Workflow Automation · Service Now · Security Incident Management

Professional Experience

SEI Inc. Boston, Massachusetts

January 2022 - Present

Concept to Delivery Consultant

Responsible for leading a strategic initiative to replace the pharmacy benefits management system for one of the largest healthcare insurance organizations in the northeastern U.S. Responsibilities included leading a team of over thirty five in four different workstreams in requirements gathering, solution development, testing and go live.

Led a team of fifteen during a major security incident at the customer. Responsibilities included working with the customer's executive and business stakeholders to prioritize and restore business critical systems. Prioritizing and restoring connectivity with the customer's third party vendors and partners and working with the customer's security organization to develop operating procedures to mitigate future security incidents.

Hyland Software, Andover, Massachusetts

February 2011 - January 2022

Customer Success Manager

October 2021-January 2022

Responsible for ensuring Hyland's customers are deriving the maximum value from their software investment. Responsibilities include ensuring customers software related questions are addressed in a timely manner. Working with Hyland's services, customer success, product, and leadership teams to ensure customers are highly satisfied with their Hyland experience. Representing the customer to provide feedback to Hyland teams.

Program Manager

January 2018-October 2021

Responsible for leading multiple project teams engaged with Hyland strategic healthcare customers. Work with key customer stakeholders, Hyland sales team, and solutions consultants to

identify Hyland software solutions that help solve customer's business problems. Worked with customer's project sponsors and steering committees as appropriate throughout the solution delivery life cycle to provide updates, and along with the Hyland account manager provide the continuity between services projects. Led Hyland services project teams from a program level throughout the implementation lifecycle and providing the customer with a unified program level view of the Hyland services projects. Played the point of escalation for the customer and Hyland teams when necessary. Worked closely with customer sponsors, project teams and Hyland project, management, technical support, and development teams to expeditiously resolve technical and project issues as needed. Provided periodic updates to customer's project sponsor and steering committee on all Hyland services in-flight projects and help develop roadmap for future initiatives.

Sr. Project Manager & Customer Solution Consultant February 2011-January 2018

Senior project manager in Hyland Software's healthcare services. Responsibilities included working with Hyland's sales teams to identify the appropriate document management solutions, presales services proposal discussions. Conducted project discovery sessions with the customer to identify solution requirements and worked with project teams to write solution design documents or agile stories as needed. Worked with customer's team throughout the project life cycle to ensure adherence to scope (technical and financial), training and go live. Internally, worked with a project team of 10-15 Hyland employees in a matrixed organization. As a solution lead, worked with various Hyland teams to standardize solution sets for various market verticals.

Harvard University, Cambridge, Massachusetts

December 2009-February 2011

Project Manager

Project Manager in charge of Harvard University's implementation of Oracle's Single Sign On (SSO) solution. The project was a multi-year project involving moving all thirteen of Harvard's colleges, central administration, and administrative departments from a patchwork of different single sign on technologies to a standardized single sign on solution. Duties included initial socialization of the solution to the various end users, requirements gathering and solution design leadership.

Aeternum Inc, Westford, Massachusetts

December 2002-December 2009

Program Manager

Directly supervised a team of 120 information technology professionals distributed in United States and Sri Lanka. Was one of the first employees at Aeternum and was involved in planning and all aspects of developing the organization's operations in line with the business needs, including development of technology infrastructure, development of communication infrastructure, certifications (CMMI level 4), client acquisition, solution delivery, and post-project follow-up. Key areas of responsibility included leading the Product development and rollout of Aeternum's Athiva ® software development platform. Provided leadership of the day-to-day project and product delivery operations and infrastructure development. Provided sales support to the CEO and CTO throughout the client-acquisition lifecycle, Client Need Identification, Project Requirement Definition, Project Management, and Post-Project Account Management. Led a key set of projects to serve VC startups that lack in-house capability to support all development.

Edocs Inc, Natick, Massachusetts

December 2000-December 2002

Technical Project Manager & Product Manager Payment Services

Led development of electronic bill payment and presentment software for the leader in the area. Led Project Requirements Definition, Project Planning, Project Execution, and Post-project Account Management and follow-up, supervised teams drawn from various disciplines in a matrixed organization that deployed talent depending on project need. As the product manager for Edoc's electronic payment product, identified customer requirements and worked with technical teams to prioritize and incorporate requirements into the product's upcoming releases.

PricewaterhouseCoopers, Boston, Massachusetts

May 1999-December 2000

Senior Consultant, Technology Risk Services

A contract assignment to manage a project to deploy a Role-Based Access (RBAC) Security Access System for a *Fortune 500* client. Directed all aspects of deployment including integration of technology and business processes with existing client infrastructure. Worked closely with client's different business units to achieve buy-in and commitment, establishing project templates used to benchmark deployment progress. Provided direct training and support on technology issues and integration, assisting clients in understanding the business risks of existing systems and advantages of the new platform. Facilitated client adaptation of the access request and approval process to RBAC.

United States Marine Corps

1989-1995

Company Embarkation NCO / Battalion Rifle Coach; Rank at Discharge: Corporal
Responsibilities included supervision, training, logistics, deployment planning, and human resources management.

Education

Indiana University, Kelley School of Business, M.B.A. in Accounting & MIS, 2000

Indiana University, Kelley School of Business, B.S. in Accounting & CIS, 2000

Training and Professional Development

Customer Success Management
Electronic Content Management Professional (ECMp)
Project Management Professional (PMP)
Certified HIPAA Professional (CHP)
Enterprise Search Applications Development
RUP (Rational Unified Process) Training
Agile Scrum Master Training
Risk based Software Quality Testing Training
Design Thinking

State of New Hampshire
Department of State

CERTIFICATE OF REGISTERED TRADE NAME
OF
HOME HELPERS HOME CARE OF NASHUA

This is to certify that **HOME POINT SOLUTIONS, INC.** is registered in this office as doing business under the Trade Name **HOME HELPERS HOME CARE OF NASHUA**, at 28 Patch Hill Lane, Milford, NH, 03055, USA on 1/19/2024 12:13:00 PM.

The nature of business is **Other / Home Care services (non-medical)**

Expiration Date: 1/19/2029 12:13:00 PM

Business ID: 952065



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of January A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that HOME HELPERS HOME CARE OF NASHUA is a New Hampshire Trade Name registered to transact business in New Hampshire on January 19, 2024. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 952065

Certificate Number : 0006546822



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of January A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that HOME POINT SOLUTIONS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on November 21, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 947516

Certificate Number : 0006354604



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 21st day of November A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

Additional Information

List name and address of each person having an ownership interest (directly or indirectly)

Name: Ashish K. Usman, [REDACTED]

Ownership Interest: 100%

If the licensee is organized as an association or corporation, list the name of the association or corporation and the name, address, and title of each officer.

Corporation Name: Home Point Solutions, DBA Home Helpers Home Care of Nashua

Officers:

(1) Ashish Usman, President, [REDACTED]

(2) Handoula Usman, Secretary, [REDACTED]

FACILITY SERVICE DESCRIPTION: Complete even on renewal

The following information will be used to determine which licensure category your facility will be placed in.

I. Provide a detailed description of the services and programs you wish to provide.

Home Helpers Home Care of Nashua will operate as a franchise of Home Helpers® Home Care and as such provide senior care and home care services, and medical alert, medication management, telehealth and related monitoring products and services. Details in section ii below.

***II. Describe the facility's health care you wish to provide to residents.**

Home Helpers Home Care of Nashua will not have a facility, we will provide in-home care. We will assist with the basic activities of daily living like hygiene, cooking, mobility, errands and light housekeeping.

Typical services include:

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
Bureau of Licensing and Certification
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, New Hampshire 03301-3857
603.271.9039

Dear Local Authority,

In accordance with RSA 151:4.III(3) the entity/individual listed below requires certification that the operation of a home health care management agency at the address below conforms with applicable local rules, regulations and ordinances having to do with health and safety. Please sign the approval acknowledgment to confirm you are aware that a business is operating at the identified location and that the business complies with all local ordinances.

For questions or comments please contact ma.licensing@dhs.nh.gov. Thank you.

AGENCY NAME: Home Point Solutions Inc. DBA Home Helpers Home Care of Newhampshire
STREET ADDRESS: 28 Patch Hill Lane Milford NH 03055
OWNER'S NAME: Ashish Usman
ADMINISTRATOR NAME: Ashish Usman
PROPOSED TYPE OF AGENCY: Home Care (non-medical)

HEALTH OFFICER

THEREBY CERTIFY THAT THE AGENCY Home Point Solutions Inc. COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE CITY/TOWN OF Milford

or

THEREBY CERTIFY THAT THE CITY/TOWN OF _____ DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS AGENCY.

DATE: 1/25/24 SIGNATURE: [Signature] HEALTH OFFICER
(NAME AND TITLE OF HEALTH OFFICIAL)

BUILDING REGULATIONS

THEREBY CERTIFY THAT THE AGENCY _____ COMPLIES WITH ALL APPLICABLE BUILDING CODES FOR THE CITY/TOWN OF _____

or

THEREBY CERTIFY THAT THE CITY/TOWN OF _____ DOES NOT HAVE LOCAL BUILDING CODES OR REGULATIONS

DATE _____ SIGNATURE: _____
(NAME AND TITLE OF BUILDING OFFICIAL)

ZONING REGULATIONS

THEREBY CERTIFY THAT THE AGENCY _____ COMPLIES WITH ALL
APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF _____

THEREBY CERTIFY THAT THE CITY/TOWN OF _____ DOES NOT HAVE LOCAL ZONING
REGULATIONS

DATE _____ SIGNATURE _____
(NAME AND TITLE OF ZONING OFFICIAL)

FIRE REGULATIONS

THEREBY CERTIFY THAT THE AGENCY Home Point Solutions Inc COMPLIES WITH ALL
APPLICABLE FIRE CODES FOR THE CITY/TOWN OF WILKON

DATE 11/25/24 SIGNATURE [Signature]
(FIRE CHIEF OR DESIGNEE)