



Received by the
Certificate of Need Program
on 04/13/2021

Certificate of Need Application Home Health Agency

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p>Signature and Title of Responsible Officer</p>  <p>Email Address: gschackmann@healthyliving-vancouver.com</p>	<p>Date: April 12th, 2021</p> <p>Telephone Number: 480-495-5474</p>
<p>Legal Name of Applicant</p> <p>Healthy Living at Home - Pierce, LLC</p> <p>Address of Applicant:</p> <p>1201 Pacific Avenue 6th Floor Tacoma, Wa 98402</p>	<p>Provide a brief project description</p> <p><input checked="" type="checkbox"/> New Agency</p> <p><input type="checkbox"/> Expansion of Existing Agency</p> <p><input type="checkbox"/> Other: _____</p> <p>Estimated capital expenditure: \$10,328</p>
<p>Identify the county proposed to be served for this project. Note: Each home health application must be submitted for one county only. If an applicant intends to obtain a Certificate of Need to serve more than one county, then an application must be submitted for each county separately.</p> <p>Pierce County, Washington</p>	