

CHANGE OF OWNERSHIP**Part I: Purchasing Organization Information**

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OCT 09 2015
STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

Name of Organization: Hometown Hospice Inc.

Facility Name:
(ADPH Licensure name) Hometown Hospice Inc.

SHPDA ID Number: _____

Address (PO Box #): P.O. Box 403

City, State, Zip, County: Jackson, AL 38545 Clarke

Number/Type Licensed Beds: _____

Owner(s): Tracey Carpenter + Angie Thornton

Operator(s): Tracey Carpenter + Angie Thornton

Part II: Selling Organization Information

Name of Organization: Hometown Hospice Inc.

Address (PO Box #): P.O. Box 403

City, State, Zip, County: Jackson, AL 38545 Clarke

Number/Type Licensed Beds: _____

Owner(s): Gaines C. McCorquodale

Operator(s): Gaines C. McCorquodale

Part III: Value of Consideration

Monetary Value of Purchase: \$ 105,000.⁰⁰ No./Type Beds: N/A

Terms of Purchase: Stock Purchase
(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: N/A

Types of Institutional Health Services: Hospice

List Service Area by County for Home Health Agencies: Clarke, Washington, Mobile
Choctaw

On an Attached Sheet Please Address the Following:

- *1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- *2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- *3.) Whether the proposal will include the addition of any new beds.
- *4.) Whether the proposal will involve the conversion of beds.
- *5.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms.

Seller(s) Signature(s):**Owner(s):****Operator(s):****Title/Date:**

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO

The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:**Title/Date:**

Nancy Carpenter *Angie Thornton*
Director of Clinical Services *Dir. of Business Dev.* 10/7/15

1. Estimated Cost

A. The estimated cost of equipment is approximately \$3,000.00 to purchase new computers.

B. There are no planned construction costs.

C. Yearly operating costs are estimated at \$750,000.00 per year.

2. The services to be offered will be a continuation of services previously offered to include nursing services, physician services, aide services, social services, therapy services and counseling services that include spiritual, bereavement and dietary. We will continue to provide GIP, respite and continuous care. In addition, we will continue to provide DME, supplies and medications that are necessary for the palliation and management of the terminal illness and related conditions.

3. N/A GIP and respite are contracted services.

4. N/A GIP and respite are contracted services.

5. The transaction is a stock purchase and includes office furniture.

*For additional information or questions Please call me
@ 251-769-3840*

Thank you:

Tracey Carpenter