

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004443
<b>DBA Name of Facility/Agency</b>	SAFE CAREGIVERS, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	5/20/2025
<b>Effective Date</b>	5/7/2025
<b>Expiration Date</b>	5/6/2028

## Facility/Agency Details

Application Type	Initial License	License Effective Date	5/7/2025
Legal Name of Facility/Agency	SAFE CAREGIVERS, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	SAFE CAREGIVERS, LLC		
Facility/Agency Physical Address	14000 Garrow Ct, Bristow, VA 20136, USA		
Street	14000 Garrow Court		
City/Town	Linton Hall	County/Independent City	Prince William County
State	Virginia	Zip Code	20136
Telephone Number	5713838483	Fax Number	7033340606

### Mailing Address

Mailing Address	14000 Garrow Ct, Bristow, VA 20136, USA		
Street	14000 Garrow Court		
City/Town	Linton Hall	County/Independent City	Prince William County
State	VA	Zip Code	20136

Facility/Agency Email Address : safecaregivers@gmail.com

Federal Employer Identification Number (FEIN) : 99-4700022

### Administrator of Record(If different than Owner/Operator)

Full Name : Ahmad Shakib Hashimi  
 Title : ADMINSTRATOR  
 Telephone Number : 5713838483  
 Email Address : safecaregivers@gmail.com

## **Ownership Information**

Legal Name of Owner : FARID MUHAMMAD HASHIMI

**Physical Address** : 14000 Garrow Ct, Bristow, VA 20136, USA

Street : 14000 Garrow Court

City/Town : Linton Hall

County/Independent City : Prince William County

State : VA

Zip Code : 20136

**Mailing Address** : 14000 Garrow Ct, Bristow, VA 20136, USA

Street : 14000 Garrow Court

City/Town : Linton Hall

County/Independent City : Linton Hall City

State : VA

Zip Code : 20136

Email Address : safecaregivers@gmail.com

Telephone Number : 5713838483

Fax Number : 7033340606

Federal Employer Identification Number (FEIN) : 99-4700022

### **Chief Administrative Officer**

Full Name : Ahmad Shakib Hashimi

Mailing Address : 14000 Garrow Ct, Bristow, VA 20136, USA

Street : 14000 Garrow Court

City/Town : Linton Hall

County/Independent City : Prince William County

State : VA

Zip Code : 20136

Phone Number : 5713838483

Email Address : safecaregivers@gmail.com

## **Additional Ownership Information**

Names of any individual or entities having a financial interest of 5% or more

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
FARID MUHAMMAD HASHIMI	50.00%
SALEHA HASHIMI	50.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : FARID MUHAMMAD HASHIMI & SALEHA HASHIMI

Physical Address : 14000 Garrow Ct, Bristow, VA 20136, USA  
Street : 14000 Garrow Court  
City/Town : Linton Hall  
County/Independent City : Prince William County  
State : VA  
Zip Code : 20136

Mailing Address : 14000 Garrow Ct, Bristow, VA 20136, USA  
Street : 14000 Garrow Court  
City/Town : Linton Hall  
County/Independent City : Prince William County  
State : VA  
Zip Code : 20136

Phone Number : 5713838483  
Email Address : safecaregivers@gmail.com

Federal Employer Identification Number (FEIN) : 99-4700022

## Home Care Organization Information - Hours of Operation

**Hours of Operation**

Indicate the regular business hours of the program by listing the opening and closing times of the business office(excluding legal and religious holidays)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
Monday	09:00 am	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 am	05:00 pm

## **Home Care Organization Information - Services**

### **Geographic service areas**

List each City/County in which the organization expects to provide services.

City/County : PRINCE WILLIAM COUNTY, LOUDOUN COUNTY, FAIRFAX COUNTY

## **Home Care Organization Information - Branch Offices**

**If you are applying for an initial Home Care Organization license, you are not eligible to operate a branch office location and should not complete this section.** Only persons who already have a Home Care Organization license may operate branch offices, which are required to be under the supervision and administrative control of the parent Home Care Organization and must appear on the license of the parent Home Care Organization.

\*Will/Does this facility/agency operate one or more branch offices? If yes, list address(es) of each branch office below : No

Name :

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

## **Home Care Organization Information - Drop Site**

Note: Drop sites cannot be used for client contact

\*Will/Does this facility/agency operate one or more drop sites? If yes, list address(es) of each drop site below  
: No

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

## **Home Care Organization Information - Administrative Personnel**

### **Provide the following information on administrative personnel**

Administrator - Full Name : Ahmad Shakib Hashimi  
Administrator - Email Address : safecaregivers@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : FARID MUHAMMAD HASHIMI  
Alternate Administrator - Email Address : bluebookusa@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Sakshi Joshi  
Nursing Manager - Email Address : jsakshijoshi@yahoo.com  
Nursing Manager - Nursing License Number : 0001263520

Financial Manager - Full Name : Ahmad Shakib Hashimi  
Financial Manager - Email Address : bluebookusa@gmail.com

## **Home Care Organization Information - Services to be provided**

**State regulation requires that an facility/agency provide at least one of the services listed below by direct employees.**

\*Skilled Services - No

Nursing Services :  
Respiratory Therapy :  
Physical Therapy :  
Occupational Therapy :  
Speech Language Pathology :  
Medical Social Services :  
Other Services (Direct) :  
Other Services (Contract) :

\*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Direct  
Administering Normally Self-Administered Drugs :  
Other Services (Direct) :  
Other Services (Contract) :

\*Pharmaceutical Services - No

Parenteral Nutrition :  
Direct Intravenous Therapy :  
Other Services (Direct) :  
Other Services (Contract) :

## Home Care Organization Information - Service Personnel

**Licensed Nurses**

Number of Direct : 1  
 Number of Contract :  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 1  
 Number of Contract :  
 Names of Contracting Agencies :

**Respiratory Therapists**

Number of Direct :  
 Number of Contract :  
 Names of Contracting Agencies :

**Physical Therapists and PT Assistants**

Number of Direct :  
 Number of Contract :  
 Names of Contracting Agencies :

**Occupational Therapists and OT Assistants**

Number of Direct :  
 Number of Contract :  
 Names of Contracting Agencies :

**Speech Language Pathologists**

Number of Direct :  
 Number of Contract :  
 Names of Contracting Agencies :

**Other**

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

**Skilled Services Director**

Full Name :  
 Email :  
 License Number :

## **Home Care Organization Information - Medicare and Medicaid**

Are you enrolled as a Medicare provider? : No  
Do you plan to enroll as a Medicare provider? : No  
Medicare Provider Number :  
Are you enrolled as a Medicaid provider? : No  
Do you plan to enroll as a Medicaid provider? : Yes  
Medicaid Provider Number :

## **Home Care Organization Information - Small Business Information**

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? : Yes

Does the facility/agency have fewer than 500 employees? : Yes

## **Certification and Submission**

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : FARID MUHAMMAD HASHIMI

Date : 4/7/2025