

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000005415
<b>DBA Name of Facility/Agency</b>	VM Home Care Services, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	11/21/2025
<b>Effective Date</b>	11/21/2025
<b>Expiration Date</b>	10/20/2028

## Facility/Agency Details

Application Type	Initial License	License Effective Date	11/21/2025
Legal Name of Facility/Agency	VM Home Care Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	VM Home Care Services, LLC		
Facility/Agency Physical Address	5510 Cherokee Ave, Suite #300-N12		
Street	5510 Cherokee Avenue		
City/Town	Alexandria	County/Independent City	Alexandria, Virginia City
State	Virginia	Zip Code	22312
Telephone Number	5713191243	Fax Number	5713191243

### Mailing Address

Mailing Address	5510 Cherokee Ave, Suite N12 Alexandria, VA 22312, USA		
Street	5510 Cherokee Av, Suite 300-N12		
City/Town	Alexandria	County/Independent City	Alexandria City
State	VA	Zip Code	22312

Facility/Agency Email Address : vmcareagency@gmail.com

Federal Employer Identification Number (FEIN) : 99-2956276

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

Full Name : Alison Amponsah  
 Title : Administrator  
 Telephone Number : 5713191243  
 Email Address : vmcareagency@gmail.com

## **Ownership Information**

Legal Name of Owner : VM Home Care Services, LLC

**Physical Address** : 5510 Cherokee Ave, Suite 300-N12 Alexandria, VA 22312, USA  
Street : 5510 Cherokee Ave, Suite 300-N12  
City/Town : Alexandria  
County/Independent City :  
State : Virginia  
Zip Code : 22312

**Mailing Address** : 5510 Cherokee Ave, Suite 300-N12 Alexandria, VA 22312, USA  
Street : 5510 Cherokee Ave, Suite 300-N12  
City/Town : Alexandria  
County/Independent City : Alexandria City  
State : VA  
Zip Code : 22312

Email Address : vmcareagency@gmail.com  
Telephone Number : 5713191243  
Fax Number : 5713191243

Federal Employer Identification Number (FEIN) : 99-2956276

### **Chief Administrative Officer**

Full Name : Alison Amponsah

Mailing Address : 5510 Cherokee Ave, Alexandria, Suite 300-N12 VA 22312, USA  
Street : 5510 Cherokee Ave, Suite 300-N12  
City/Town : Alexandria  
County/Independent City : Alexandria City  
State : Virginia  
Zip Code : 22312

Phone Number : 5713191243  
Email Address : vmcareagency@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>
Michael Oboh	50.00%
Vanessa Watts-Oboh	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 : VA Home Care Services, LLC

Physical Address : 5510 Cherokee Ave, Suite 300-N12 Alexandria, VA 22312, USA  
Street : 5510 Cherokee Ave, Suite 300-N12  
City/Town : Alexandria  
County/Independent City : Alexandria City  
State : Virginia  
Zip Code : 22312

Mailing Address : 5510 Cherokee Ave, Suite 300-N12 Alexandria, VA 22312, USA  
Street : 5510 Cherokee Ave, Suite 300-N12  
City/Town : Alexandria  
County/Independent City : Alexandria City  
State : Virginia  
Zip Code : 22312

Phone Number : 5713191243  
Email Address : vmcareagency@gmail.com

Federal Employer Identification Number (FEIN) : 99-2956276

## 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	04:00 pm
Tuesday	09:00 am	04:00 pm
Wednesday	09:00 am	04:00 pm
Thursday	09:00 am	04:00 pm
Friday	09:00 am	04:00 pm

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

### **Geographic service areas**

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

City/County : Arlington County, Alexandria County, Falls Church, Fairfax County, Loudoun County, Manassas City, Manassas Park, Stafford County, Fredericksburg County, Spotsylvania County, Culpeper 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 : Alison Amponah  
Administrator - Email Address : vmcareagency@gmail.com  
Administrator - Virginia License(If applicable) : 0001298359

Alternate Administrator - Full Name : Michael Oboh  
Alternate Administrator - Email Address : vmcareagency@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Alison Amponsah  
Nursing Manager - Email Address : vmcareagency@gmail.com  
Nursing Manager - Nursing License Number : 0001298359

Financial Manager - Full Name : Michael Oboh  
Financial Manager - Email Address : vmcareagency@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) : Both  
Administering Normally Self-Administered Drugs : Both  
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 : 0

Number of Contract : 0

Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 0

Number of Contract : 0

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? : Yes

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? : No

## **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 : Michael Oboh

Date : 9/7/2025