

Application Details

Application Status	Approved
Application Id	BLA-0000005912
DBA Name of Facility/Agency	Homestead Care Partners LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	3/21/2026
Effective Date	3/19/2026
Expiration Date	2/9/2029

Facility/Agency Details

Application Type	Initial License	License Effective Date	3/19/2026
Legal Name of Facility/Agency	Homestead Care Partners LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Homestead Care Partners LLC		
Facility/Agency Physical Address	12107 Pine Forest Cir P07-F		
Street	12107 Pine Forest Cir P07-F		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22030
Telephone Number	7038804633	Fax Number	7038804633

Mailing Address

Mailing Address	12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA		
Street	12107 Pine Forest Cir P07-F		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22030

Facility/Agency Email Address : homesteadcarepartners@gmail.com

Federal Employer Identification Number (FEIN) : 33-4095504

Administrator of Record(If different than Owner/Operator)

Full Name : Julie Anne Salazar

Title : Administrator

Telephone Number : 7038804633

Email Address : homesteadcarepartners@gmail.com

Ownership Information

Legal Name of Owner : James Paul Santos

Physical Address : 12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA
Street : 12107 Pine Forest Cir P07-F
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22030

Mailing Address : 12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA
Street : 12107 Pine Forest Cir P07-F
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22030

Email Address : homesteadcarepartners@gmail.com
Telephone Number : 7038804633
Fax Number :

Federal Employer Identification Number (FEIN) : 33-4095504

Chief Administrative Officer

Full Name : Julie Anne Salazar

Mailing Address : 12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA
Street : 12107 Pine Forest Cir P07-F
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22030

Phone Number : 7038804633
Email Address : homesteadcarepartners@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
James Paul Santos	100.00%

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 : James Paul Santos

Physical Address : 12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA
Street : 12107 Pine Forest Cir P07-F
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22030

Mailing Address : 12107 Pine Forest Cir P07-F, Fairfax, VA 22030, USA
Street : 12107 Pine Forest Cir P07-F
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22030

Phone Number : 7038804633
Email Address : homesteadcarepartners@gmail.com

Federal Employer Identification Number (FEIN) : 33-4095504

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)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	10:00 am	05:00 pm
Tuesday	10:00 am	05:00 pm
Wednesday	10:00 am	05:00 pm
Thursday	10:00 am	05:00 pm
Friday	10:00 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 : Fairfax County, Arlington County, Loudoun County, Manassas, Prince William County, Alexandria, Falls Church, Stafford 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 : Julie Anne Salazar

Administrator - Email Address : homesteadcarepartners@gmail.com

Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : James Paul Santos

Alternate Administrator - Email Address : homesteadcarepartners@gmail.com

Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : James Paul Santos

Nursing Manager - Email Address : homesteadcarepartners@gmail.com

Nursing Manager - Nursing License Number : 0001323111

Financial Manager - Full Name :

Financial Manager - Email Address :

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) :
Administering Normally Self-Administered Drugs :
Other Services (Direct) : 1
Other Services (Contract) : 4

*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 : 2

Number of Contract :

Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 1

Number of Contract : 5

Names of Contracting Agencies : n/a

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? : No
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 : James Santos

Date : 11/11/2025