

Application Details

Application Status	Approved
Application Id	BLA-0000006147
DBA Name of Facility/Agency	Unique Purpose Home Health, LLC
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	8/18/2025
Effective Date	8/1/2025
Expiration Date	7/31/2028

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed/added new branch offices?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License		
Legal Name of Facility/Agency	Unique Purpose Home Health, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Unique Purpose Home Health, LLC		
Facility/Agency Physical Address	510 Mahlon Ave, Suffolk, VA 23434, USA		
Street	510 Mahlon Avenue		
City/Town	Suffolk	County/Independent City	Suffolk City
State	Virginia	Zip Code	23434
Telephone Number	7578056871	Fax Number	7572103977

Mailing Address

Mailing Address	510 Mahlon Ave, Suffolk, VA 23434, USA		
Street	510 Mahlon Avenue		
City/Town	Suffolk	County/Independent City	Suffolk City
State	Virginia	Zip Code	23434

Facility/Agency Email Address : unique_purpose@icloud.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0002165

Administrator of Record(If different than Owner/Operator)

Full Name : Shanta Andronae Cook

Title : Owner/Admin

Telephone Number : 7578056871

Email Address : unique_purpose@icloud.com

Ownership Information

Legal Name of Owner : Shanta Cook

Physical Address : 510 Mahlon Ave, Suffolk, VA 23434, USA

Street : 510 Mahlon Ave

City/Town : Suffolk

County/Independent City : Suffolk City

State : VA

Zip Code : 23434

Mailing Address : 510 Mahlon Ave, Suffolk, VA 23434, USA

Street : 510 Mahlon Ave

City/Town : Suffolk

County/Independent City : Suffolk City

State : VA

Zip Code : 23434

Email Address : unique_purpose@icloud.com

Telephone Number : 7578056871

Fax Number : 7572103977

Federal Employer Identification Number (FEIN) : 83-3966524

Chief Administrative Officer

Full Name : Shanta Cook

Mailing Address : 510 Mahlon Ave, Suffolk, VA 23434, USA

Street : 510 Mahlon Ave

City/Town : Suffolk

County/Independent City : Suffolk City

State : VA

Zip Code : 23434

Phone Number :

Email Address :

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Shanta Cook	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 : Shanta Cook

Physical Address : 510 Mahlon Ave, Suffolk, VA 23434, USA

Street : 510 Mahlon Ave

City/Town : Suffolk

County/Independent City : Suffolk City

State : VA

Zip Code : 23434

Mailing Address : 510 Mahlun Avenue

Street : 510 Mahlon Ave

City/Town : Suffolk

County/Independent City : Suffolk City

State : VA

Zip Code : 23434

Phone Number : 7578056871

Email Address : unique_purpose@icloud.com

Federal Employer Identification Number (FEIN) : 83-3966524

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	02:00 pm
Wednesday	10:00 am	02:00 pm
Friday	10:00 am	02:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Suffolk Portsmouth Chesapeake Norfolk Va Beach Hampton Newport News Franklin
Smithfield Isle of Wight County Southampton 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 : Shanta Andronae Cook
Administrator - Email Address : unique_purpose@icloud.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : JaKayla Cook
Alternate Administrator - Email Address : unique_purpose@icloud.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Lakeisha Moore
Nursing Manager - Email Address : unique_purpose@icloud.com
Nursing Manager - Nursing License Number : 0001279967

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 : Direct
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 : 2

Number of Contract :

Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 6

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? : 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? : 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 : Shanta Cook

Date : 7/30/2025