

Application Details

| | |
|------------------------------------|---------------------------|
| Application Status | Approved |
| Application Id | BLA-0000007140 |
| DBA Name of Facility/Agency | 1st Home Care of VA, Inc. |
| Facility Type | Home Care Organization |
| Application Type | Mid-Term Change License |
| Approved Date | 3/6/2026 |
| Effective Date | 8/27/2025 |
| 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 | Mid-Term Change License | License Effective Date | 8/27/2025 |
| Legal Name of Facility/Agency | 1st Home Care of VA, Inc. | | |
| Fictitious Name ("doing business as" or "DBA") of Facility/Agency | 1st Home Care of VA, Inc. | | |
| Facility/Agency Physical Address | 1001 E 26th St, Norfolk, VA 23504, USA | | |
| Street | 1001 E 26th St | | |
| City/Town | Norfolk | County/Independent City | Norfolk City |
| State | Virginia | Zip Code | 23504 |
| Telephone Number | 7579375991 | Fax Number | 7579379118 |

Mailing Address

| | | | |
|-----------------|--|-------------------------|--------------|
| Mailing Address | 1001 E 26th St, Norfolk, VA 23504, USA | | |
| Street | 1001 E 26th St | | |
| City/Town | Norfolk | County/Independent City | Norfolk City |
| State | Virginia | Zip Code | 23504 |

Facility/Agency Email Address : 1sthomecareva@gmail.com

Federal Employer Identification Number (FEIN) : 87-4524173

Current License Number : HCO-0003164

Administrator of Record(If different than Owner/Operator)

Full Name : Shaquanna Godwin
Title : Administrator
Telephone Number : 7579375991

Email Address : 1sthomecareva@gmail.com

Ownership Information

Legal Name of Owner : Shaquanna T Godwin / Kim Godwin

Physical Address : 953 Ave F, Norfolk, VA 23513, USA

Street : 953 Avenue F

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23513

Mailing Address : 953 Ave F, Norfolk, VA 23513, USA

Street : 953 Avenue F

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23513

Email Address : 1sthomecareva@gmail.com

Telephone Number : 7579375991

Fax Number : 7579379118

Federal Employer Identification Number (FEIN) : 87-4524173

Chief Administrative Officer

Full Name : Shaquanna Godwin

Mailing Address : 953 Ave F, Norfolk, VA 23513, USA

Street : 953 Ave F, Norfolk, VA 23513, USA

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23513

Phone Number : 7579375991

Email Address : 1sthomecareva@gmail.com

Additional Ownership Information

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

| Full Name | Ownership Percentage (%) |
|------------------|--------------------------|
| Shaquanna Godwin | 51.00% |
| Kim Godwin ADM | 49.00% |

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Shaquanna T Godwin / Kim Godwin

Physical Address : 1001 E 26th St, Norfolk, VA 23504, USA

Street : 1001 E 26th St

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23504

Mailing Address : 1001 E 26th St, Norfolk, VA 23504, USA

Street : 1001 E 26th St

City/Town : Norfolk

County/Independent City : Norfolk City

State : VA

Zip Code : 23504

Phone Number : 7579375991

Email Address : 1sthomecareva@gmail.com

Federal Employer Identification Number (FEIN) : 87-4524173

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 | 08:00 am | 04:30 pm |
| Tuesday | 08:00 am | 04:30 pm |
| Wednesday | 08:00 am | 04:30 pm |
| Thursday | 08:00 am | 04:30 pm |
| Friday | 08:00 am | 04:00 pm |
| Saturday | 08:00 am | 04:30 pm |

Home Care Organization Information - Services

Geographic service areas

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

City/County : Norfolk, Portsmouth, Suffolk, Chesapeake, Virginia Beach Newport News, Hampton, Petersburg

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 : Shaquanna T Godwin
Administrator - Email Address : 1sthomecareva@gmail.com
Administrator - Virginia License(If applicable) : HCO--253164

Alternate Administrator - Full Name : Kim R Godwin
Alternate Administrator - Email Address : 1sthomecareva@gmail.com
Alternate Administrator - Virginia License(if applicable) : HCO--253164

Nursing Manager - Full Name : Katina D Cook
Nursing Manager - Email Address : 1sthomecareva@gmail.com
Nursing Manager - Nursing License Number : 0001297347

Financial Manager - Full Name : Kim R Godwin
Financial Manager - Email Address : 1sthomecareva@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) : IADLS ,ADLS
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 : 30
 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? : 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 : Shaquanna Godwin ADM

Date : 11/20/2025