

Application Details

Application Status	Approved
Application Id	BLA-0000007263
DBA Name of Facility/Agency	VM Home Care Services, LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	3/9/2026
Effective Date	12/4/2025
Expiration Date	10/20/2028

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	12/4/2025
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 Alexandria, VA 22312, USA		
Street	5510 Cherokee Avenue		
City/Town	Alexandria, Virginia	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

Current License Number : HCO-0006137

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 : 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 : 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

Full Name	Ownership Percentage (%)
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 : 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 : 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)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
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 : 12/4/2025