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F-1551

Application Detail

License Type: Home Medical Equipment: Licensed
Application: Home Medical Equipment: Initial Application
Application Date: 12/18/2025 (mm/dd/yyyy)

Organization Detail

Organization Name: Giving Home Medical Equipment, LLC
Organization Type: Limited Liability Company

Addresses

Main Address

Address: 8601 Cross Park Dr
Ste 200
TRAVIS
Austin, TX
78754
US

Phone Number: 512-612-9659

Extension:

E-mail Address: price.wooding@givinghme.com

Administrative

Name: Giving Home Medical Equipment, LLC

Address: 8601 Cross Park Dr
Ste 200
TRAVIS
Austin, TX
78754
US

Phone Number: 512-612-9659

Extension:

E-mail Address:

price.wooding@givinghme.com

Emergency Contact

Name:

Giving Home Medical Equipment, LLC

Address:

8601 Cross Park Dr

Ste 200

TRAVIS

Austin, TX

78754

US

Phone Number:

619-339-5920

Extension:

E-mail Address:

price.wooding@givinghme.com

Ownership of Building

Name:

Stonelake Capital Partners

Address:

3200 Gracie Kilz Lane

Ste 500

TRAVIS

Austin, TX

78758

US

Phone Number:

512-236-0004

Extension:

E-mail Address:

diana@stonelake.com

Legal Entity

Name:

Giving Home Medical Equipment, LLC

Address:

835 W 6th St

Ste 1450

TRAVIS

Austin, TX

78703

US

Phone Number:

512-612-9659

Extension:

E-mail Address:

price.wooding@givinghme.com

Parent Company

Name:

OpCo Borrowers, LLC

Address:

835 W 6th St

Ste 1450

TRAVIS

Austin, TX

78703

US

Phone Number:

512-612-9659

Extension:

E-mail Address:

bhanson@givinghmc.com

License Attributes Selected

Additional License Information

For Profit

Qualification/Certification

All Counties

Out of State Texas

Basic License Data

If your facility has branch offices provide the number. If none, enter 00

0

Provide Administrator's Name:

Price Wooding

Provide the Ownership's Name:

Giving Home Medical Equipment, LLC (NS)
~~**OpCo Borrower, LLC**~~

Ownership Name Continued: ~~Giving Home Medical Equipment~~ (NS)

Is your facility accredited by a federally approved accrediting body? **No**

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing? **Free Standing**

Provide a Yes or No, if your facility is Chain Affiliated: **No**

Provide a Yes or No, if your facility has a Holding Company: **No**

Do you have Other Licensed Facilities in the state of Tennessee and/or other states? **Yes**

Provide a Yes or No, if your facility has a parent company: **Yes**

Do you have a contract with a management firm to operate this facility? **No**

Have any owners ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monitory penalties for a health care facility in Tennessee or in any other state? **No**

Does your facility have a physical location in Tennessee?: **No**

Administrator Conviction Information

Administrator convicted of crime?: **No**

Individual Owners, Partners, Director or Head of Government Entity 1

The name of the individual owner, partner, director of the corporation or head of the government: **Benjamin M. Hanson**

Street: **835 W 6th St**

City: **Austin**

State: **Texas**

Zip: **78754**

Individual Owners, Partners, Director or Head of Government Entity 2

The name of the individual owner, partner, director of the corporation or head of the government: **Stefanie Cavanaugh**

Street: **835 W 6th St**
 City: **Austin**
 State: **Texas**
 Zip: **78754**

Individual Owners, Partners, Director or Head of Government Entity 3

The name of the individual owner, partner, director of the corporation or head of the government: **Lewis N. Little, Jr.**

Street: **835 W 6th St**
 City: **Austin**
 State: **Texas**
 Zip: **78754**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of owners of the disclosing entity had a suspension of admissions?: **No**

Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other state?: **No**

File Attachments

Sweep Acct.pdf

Fees

Initial License Fee	\$1404.00
Total Amount Due:	\$1404.00

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Medical Equipment facility in the State of Tennessee. I HEREBY SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their

representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Medical Equipment facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

February 24, 2026

Sent Via Email

Price Wooding
Giving Home Medical Equipment, LLC
8601 Cross Park Dr, Ste 200
Austin, Texas 78754

Facility Type: Home Medical Equipment

Dear Price Wooding:

It is my pleasure to inform you that your application for licensure of Giving Home Medical Equipment, LLC located at 8601 Cross Park Dr, Austin, Texas 78754 has been initially approved for providing DME/HME services in all counties of Tennessee effective February 24, 2026 . The license number shall be 1551 . For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for March 25, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The East Tennessee Regional Office phone number is 865-594-9396 .

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): 1551 County: Travis

Initial Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: Giving Home Medical Equipment 8601 Cross Park Drive Suite 200 Austin TX 78754

Application and fee on file in Central Office (CO)? Yes No _____ CON #: _____ Project #: _____ Phase: _____ of _____

Facility approved for Home Medical Equipment (HME): Providing DME/HME services in all counties in Tennessee.

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ 0 to _____ 0 Number of beds increased/decreased: _____ 0

If secured unit, number of beds in unit: N/A If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Nancy Mullins RN Date: 02/20/26

Fire Safety: See attached application Date: _____

CD Approved: Yes _____ No Health Survey Required: Yes No _____; if Yes, please indicate which region: EAST

Facility's Letter of Notification received in Licensure: Yes _____ No
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc.) approved and received in regional office: Yes _____ No NA
(NOTE: With exception of Initial Licensure Approvals)

Effective date: February 24, 2026 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

Jan Lane / PL _____ 2/23/2026
Regional Administrator Facilities Construction Director or Designee Date
Niraj Soni _____ 2/24/2026
Licensure Program Unit Staff Date