



HOME AND COMMUNITY SERVICES (HCS)
AREA AGENCY ON AGING (AAA)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

HCS / AAA / DDA Individual Provider Contractor Intake Instructions

An **Individual Provider (IP)** is: A person working under contract with the Department of Social and Health Services (DSHS), who acts at the direction of a DSHS client living in his or her own home and provides that client with personal care and/or DDA respite care.

This form is intended for individuals and not business entities. If you are completing this form for a business entity, please STOP and request a Contractor Intake from the person who sent you this form.

Complete form in its entirety and return to:

1. Home and Community Services (HCS) if you will be working for a client of HCS, or
2. Area Agency on Aging (AAA) if you will be working for a client of an AAA, or
3. Development Disabilities Administration (DDA) if you will be working for a client of DDA.

Part A – Individual Provider Information (**Mandatory** for all Contractors)

1. Contractor Information: The Contractor Name is **your name** as it appears on **your Social Security card**. If you have additional addresses, you may submit them on a separate sheet of paper. For any additional addresses, please make sure you label the type of address (example: home, mailing, etc.).

Identification: You must provide originals of the following for identification purposes.

Note: The name on picture ID and SS card must be a reasonable match (i.e. Jane Smith and Jane Lynn Smith is an acceptable match but not Janelle Lynette Smith; or Linh T. Nguyen and Linh Trang Nguyen is a reasonable match but not L. Trang Lam).

- a. Unexpired picture ID. This includes any one (1) of the following:
 - Driver's license issued by the state of Washington or another state in which the applicant resides or has recently resided in (by law, you have 30-days to get your WA driver license once you establish residency in WA state). Note: if someone is temporarily living in WA state, like a student, or lives in a neighboring state but works in WA, an out of state license or state ID would be acceptable; or
 - Identification card, which includes the applicant's photo, issued by the state of Washington or another state in which the applicant resides or has recently resided; or
 - Passport; or
 - Military ID or military dependent ID; or
 - Permanent Resident Card; or
 - Employment Authorization Card
 - Native American tribal photo ID card; and your
- b. Social Security Card. This includes any one of the following:
 - SS card that shows your name and Social Security number, or
 - SS card that shows your name and Social Security number and notes "VALID FOR WORK ONLY WITH DHS AUTHORIZATION" or "VALID FOR WORK ONLY WITH INS AUTHORIZATION" (DSHS is not able to accept SS cards which note "not valid for employment"), or
 - A recent letter from the SS office indicating that you have applied for a new SS card. The letter must contain your name and SS number and cannot say "not valid for employment". This should be replaced by a copy of the SS card at re-contracting. If this printout is not available, you must provide the new copy of your SS card before contracting can be completed.

2. Specific Client Information: If you intend to provide services to a specific individual, state his/her name here.
3. Suitability: Individual Providers **must** complete and follow the directions contained in this section. If you have been suspended or debarred from providing services under Medicare, Medicaid, Title XIX or Title XX programs you should have already been placed on the federal Office of Inspector General, Health and Human Services exclusions list. The current list of excluded individuals can be found at <http://exclusions.oig.hhs.gov/search.aspx>.
4. Previously held Social Service Payment System (SSPS) provider numbers. If you are not sure of any previously held SSPS provider numbers, please indicate your legal name during the time payments were made to you.
5. Previous Contracts. List any current or previous contracts you have entered into with the State of Washington in the past five years.
6. License Information. Complete this section as directed and include your driver's license information if applicable.

Part B – State Employee Information (Mandatory for all Contractors)

1. Current Washington State Employee: If you are employed by a state agency, university, college or community colleges, check yes. School district employees, however, are not considered a Washington State employee.
2. Former Washington State Employee: If you were employed by a state agency, university, college or community colleges, check yes. Former school district employees, however, would not be considered a Washington State employee.
3. Termination Date of Washington State Employment: List the last date employed by the agency.
4. If you answered YES to Question 1 OR your answer to Question 2 was YES and the date for Question 3 was within the last two (2) years, you must complete and submit Part C of the Contractor Intake Form as well.
5. Certify information provided in this form (both Parts A and B) is accurate with your signature and date.

Part C – Ethics Certification for Current or Former State Employee

If you are a current or former Washington State employee, you must also complete the Ethics Certification form (Part C), sign and date the bottom, and return it with Parts A and B of the completed Contractor Intake form.



HCS / AAA / DDA Individual Provider Contractor Intake

Part A: Contractor Specific Information

This is NOT a contract. Part A requires general information about the contractor. This form must be completed, signed and submitted before any contract is offered.

1. Contractor Information				
CONTRACTOR'S NAME (PLEASE PRINT CLEARLY) LAST	MI	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YYYY)
IDENTIFICATION <input type="checkbox"/> Unexpired State Driver's License OR <input type="checkbox"/> Unexpired State Picture Identification OR <input type="checkbox"/> Other (see 1.a.)				
CONTRACTOR'S HOME ADDRESS		CITY	STATE	ZIP CODE
CONTRACTOR'S MAILING ADDRESS (PO BOX OR OTHER)		CITY	STATE	ZIP CODE
CONTRACTOR'S PHONE NUMBER (INCLUDE AREA CODE)	CONTRACTOR'S CELL PHONE NUMBER (INCLUDE AREA CODE)		CONTRACTOR'S FAX NUMBER (INCLUDE AREA CODE)	
PREFERRED PRIMARY LANGUAGE	PREFERRED MEANS OF CONTACT <input type="checkbox"/> Mail <input type="checkbox"/> Email	E-MAIL ADDRESS		
2. Specific Client				
If you are completing this form to provide services for a specific person, please provide the following information:				
NAME	FAMILY MEMBER <input type="checkbox"/> Yes <input type="checkbox"/> No		RELATIONSHIP	
3. Suitability (Mandatory)				
YES NO				
a. Have you had any State of Washington contract to provide services terminated for default? <input type="checkbox"/> <input type="checkbox"/>				
b. Have you had any professional license / certification / contract issued by the State of Washington revoked or suspended (this does not include a driver's license)? <input type="checkbox"/> <input type="checkbox"/>				
If yes, type of license / certification / contract: _____				
c. Have you ever had a substantiated finding of abuse, neglect, abandonment or exploitation of a minor or vulnerable adult? <input type="checkbox"/> <input type="checkbox"/>				
d. Have you ever been convicted of any felony or criminal offense (felony or misdemeanor) or been suspended or debarred from being a provider for Medicare, Medicaid, or Title XX service programs since the beginning of those programs (as required by 42 CFR 455.106)? <input type="checkbox"/> <input type="checkbox"/>				
e. Do you currently have any charges pending for any felony or criminal offense (felony or misdemeanor)? ... <input type="checkbox"/> <input type="checkbox"/>				
If you answered "Yes" to any of the above, please attach a list with an explanation of the situation involved (include dates, type of substantiated finding or crime and final disposition of charges).				
4. Previously held Social Service Payment System (SSPS) provider numbers				
If you have received provider payment from DSHS under the SSPS in the past five years (not including welfare payments), please list the numbers you used and the type of service provided. If you do not know the provider number, list the name your services were provided under.				
PROVIDER NUMBER	PROVIDER NAME		SERVICE TYPE	

5. Previous Contracts

If you have ANY other contracts with the State of Washington, please list them below:

6. License Information

Are you licensed, certified or registered by any Washington State agency, including driver's license? Yes No
If yes, please complete the following:

TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of information in the Contractor Intake form is true and correct, and that I will notify DSHS of any changes.

CONTRACTOR'S SIGNATURE	DATE	CONTRACTOR'S PRINTED NAME
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HCS / AAA / DDA Individual Provider Contractor Intake Part B: State Employee Information

This is NOT a contract. Part B requires information specific to the contract you wish to enter. A contract cannot be issued without this information.

1. Are you a current Washington State employee or an employee of a State University or Community College? State University and Community College employees are considered Washington State employees. School District Employees are not considered State employees in this context.
 Yes No
2. Have you ever been employed by the State of Washington?
 Yes No
3. If yes, what year did our employment terminate with the State of Washington?
Date _____
4. If your answer to Question 1 above was "Yes" or your answer to Question 2 was "Yes" and the date in Question 3 was within the last two years, you must fill out Part C and return with Part A and B of this intake form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

CONTRACTOR'S SIGNATURE

DATE

CONTRACTOR'S PRINTED NAME

CONTRACTOR'S TITLE

HCS / AAA / DDA Individual Provider Contractor Intake Part C: Ethics Certification for Current State Employees

This is NOT a contract. Part C requires information to avoid conflict with 42.52 RCW, Ethics in Public Service. A contract cannot be issued without this information.

CONTRACTOR'S NAME	CURRENT STATE OFFICER / STATE EMPLOYEE NAME
TITLE OF YOUR STATE JOB	CURRENT STATE EMPLOYER
<p>I hereby certify that both of the following statements are true:</p> <ul style="list-style-type: none"> • I am a current state employee; • My role as an individual provider is not in conflict with the proper discharge of my official duties as a state employee; <p style="text-align: center;">And one of the following is also true:</p> <ul style="list-style-type: none"> • I will not receive anything of economic value under the contract as defined in RCW 42.52.010 (20); <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • I have complied with RCW 42.52.030 (2); <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • I meet all of the following conditions: <ul style="list-style-type: none"> ○ The contract is genuine and I will actually perform work under the contract. ○ Performance of the contract is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee. ○ Performance of the contract will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment. ○ The contract is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DSHS). ○ The contract is not one expressly created or authorized by me in my official capacity as a state officer or employee. 	
<p>I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct and that I will notify DSHS of any changes.</p>	
CONTRACTOR'S SIGNATURE	DATE
CONTRACTOR'S PRINTED NAME	CONTRACTOR'S TITLE