

EXHIBIT G

Application Checklist Required Documents Submitted to SCC

Instructions: *The applicant must complete the left column of this form (checking the boxes to indicate which documents are being submitted) and return the form to SCC as part of the application package. This form will be used as part of SCC's applicant evaluation process.*

APPLICANT	THIS COLUMN IS FOR SCC USE ONLY (for verification of documents submitted)
Applicant's Name (please print):	DSHS Evaluator's Name (please print):
<input type="checkbox"/> Experience and Qualifications Questionnaire, Exhibit B	<input type="checkbox"/> Experience and Qualifications Questionnaire, Exhibit B Evaluator's Initials _____ Date _____
<input type="checkbox"/> Authorization to Release Information, Exhibit C	<input type="checkbox"/> Authorization to Release Information, Exhibit C Evaluator's Initials _____ Date _____
<input type="checkbox"/> Contractor Intake Form, Exhibit D	<input type="checkbox"/> Contractor Intake Form, Exhibit D Evaluator's Initials _____ Date _____
<input type="checkbox"/> Completed DSHS Background Authorization Form, Exhibit E	<input type="checkbox"/> Completed DSHS Background Authorization Form, Exhibit E Evaluator's Initials _____ Date _____
<input type="checkbox"/> Completed Federal W-9 Form, Exhibit F	<input type="checkbox"/> Completed Federal W-9 Form, Exhibit F Evaluator's Initials _____ Date _____
<input type="checkbox"/> Copy of Professional License issued by Washington State OR <input type="checkbox"/> Copy of license issued elsewhere and statement of intent to obtain WA license	<input type="checkbox"/> Professional License issued by WA State or <input type="checkbox"/> Copy of license from other state and statement Evaluator's Initials _____ Date _____
<input type="checkbox"/> Copy of Washington Business License OR <input type="checkbox"/> Statement of intent to obtain WA license	<input type="checkbox"/> Washington Business License or <input type="checkbox"/> Statement of intent to obtain WA license Evaluator's Initials _____ Date _____
<input type="checkbox"/> Certificate of Insurance OR <input type="checkbox"/> Statement of intent to obtain insurance	<input type="checkbox"/> Certificate of Insurance or <input type="checkbox"/> Statement of intent to obtain insurance Evaluator's Initials _____ Date _____
<input type="checkbox"/> Work Sample	<input type="checkbox"/> Work Sample Evaluator's Initials _____ Date _____
<input type="checkbox"/> Curriculum Vitae (CV) or Resume	<input type="checkbox"/> Curriculum Vitae (CV) or Resume Evaluator's Initials _____ Date _____
<input type="checkbox"/> List of Three (3) Professional References <input type="checkbox"/> List of Cases and Attorneys Involved	<input type="checkbox"/> Reference List <input type="checkbox"/> Cases and Attorneys List Evaluator's Initials _____ Date _____
Applicant Signature:	Evaluator's Signature:
Date of Signature:	Date of Signature: