

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)

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;
 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; or
 - · 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 recontracting. 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. If you are related to the Client, state your relationship to the Client here. For example, if the client you are working for is your mother, your relationship to the client is DAUGHTER or SON or CHILD.
- Suitability: Individual Providers <u>must</u> 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. You can search excluded individuals at http://exclusions.oig.hhs.gov/.aspx.
- 4. 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). An Individual Provider is not a State Employee.

- 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								
	RACTOR'S NAME (PLEASE PRINT CLEAF FIRST	RLY) MI	GENDER	SOCIAL SECURITY N	IUMBER	BIRTH DATE (MM/DD/YYYY)		
LAST	FIRST	IVII	│			(IVIIVI/DD/TTTT)		
IDENTI	FICATION							
☐ Unexpired State Driver's License OR ☐ Unexpired State Picture Identification OR ☐ Other (see 1.a.)								
CONTR	CONTRACTOR'S HOME ADDRESS CITY STATE ZIP CODE							
	SINI SINI SINI SINI SINI SINI SINI SINI							
OONT								
CONTRACTOR'S MAILING ADDRESS (PO BOX OR OTHER) CITY STATE ZIP CODE								
CONTRACTOR'S PHONE NUMBER (INCLUDE CONTRACTOR'S CELL					R'S FAX N	IUMBER (INCLUDE		
AREA CODE) (INCLUDE AREA			E) AREA CODE)					
PREFE	RRED PRIMARY LANGUAGE	PREFERRED MEANS (OF CONTACT	E-MAIL ADDRESS				
INCIL	TRIBLE TRIMARY LANGUAGE		O CONTACT	E WAIE ADDITION				
		Mail Email						
2. Sp	ecific Client							
If	you are completing this form to provide	e services for a specific	person, please	provide the following	informatio	on:		
NAME			FAMILY MEMB	BER YOUR RELATIONSHIP TO CLIENT				
			☐ Yes ☐	No				
3. Su	itability (Mandatory)			,				
						YES NO		
	a. Have you had any State of Washington contract to provide services terminated for default?							
b. Ha	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)?							
If	If yes, type of license / certification / contract:							
	Have you ever had a substantiated finding of abuse, neglect, abandonment or exploitation of a minor or vulnerable adult?							
SU	. 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)?							
e. Do you currently have any charges pending for any felony or criminal offense (felony or misdemeanor)?								
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. 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			LICEN	ISE NUMBER EXPIRATIO		(PIRATION 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					



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.

You must check "Yes" or "No" to answer the following questions.

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.					
	Individual Providers are <u>NOT</u> considered State Employees.					
	☐ Yes ☐ No					
2.	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.						
COI	NTRACTOR'S SIGNATURE DATE					
001	NEDA GEORGIA DELL'ATERIA MANIS					
COI	NTRACTOR'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.

DSHS employees are prohibited from contracting as an Individual Provider for services to ALTSA and DDA clients, unless an approval for outside employment has been granted, per Administrative Policy No. 18.18, Outside Employment. In the event that the Contractor accepts employment with DSHS, the Contractor must immediately notify the DSHS Contact person listed on Page 1 of this Contract, as well as the following:

- Director of the HCS Division, if you are providing services to a client of HCS or AAA; address is P.O. Box 45600, Olympia WA 98504-5600; and/or
- Deputy Assistant Secretary of DDA, if you are providing convises to a client of DDA; address is B.O. Roy 45210. Olympia WA

98504-45310.	providing services to a client of DDA, address is P.O. Box 45310, Olympia WA						
CONTRACTOR'S NAME	CURRENT STATE OFFICER / STATE EMPLOYEE NAME						
TITLE OF YOUR STATE JOB	CURRENT STATE EMPLOYER						
I hereby certify that both of the following statement	s are true:						
I am a current state employee;	I am a current state employee;						
My role as an individual provider is not in	My role as an individual provider is not in conflict with the proper discharge of my official duties as a state employee;						
An	nd one of the following is also true:						
 I will not receive anything of economic value under the contract as defined in RCW 42.52.010 (20); 							
	OR						
I have complied with RCW 42.52.030 (2);	I have complied with RCW 42.52.030 (2);						
	OR						
I meet all of the following conditions:	I meet all of the following conditions:						
 The contract is genuine and I will act 	 The contract is genuine and I will actually perform work under the contract. 						
 Performance of the contract is not with 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 cre 	o The contract is not one expressly created or authorized by me in my official capacity as a state officer or employee.						
I certify, under penalty of perjury as provided b Certification are true and correct and that I will	y the laws of the State of Washington, that the statements made in this Ethics notify DSHS of any changes.						
CONTRACTOR'S SIGNATURE	DATE						
CONTRACTOR'S PRINTED NAME	CONTRACTOR'S TITLE						