



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; 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 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. 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.
 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. 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 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 NOT considered State Employees.**

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.

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 services to a client of DDA; address is P.O. Box 45310, Olympia WA 98504-45310.

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. 	
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.	
CONTRACTOR'S SIGNATURE	DATE
CONTRACTOR'S PRINTED NAME	CONTRACTOR'S TITLE