

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
DDA Companion Home Provider Application

Section 1. Information about Proposed Companion Home				
APPLICANT NAME				
STREET ADDRESS		CITY	STATE	ZIP CODE COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)		CELL PHONE NUMBER (INCLUDE AREA CODE)		
EMAIL ADDRESS				
Section 2. Home Information				
Does the applicant own this home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, does the applicant's rental agreement require notification to the landlord when an additional person moves into the home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list the date the landlord was notified:				
LANDLORD'S NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)		
Section 3. Application Materials				
The following must be submitted to DDA to initiate the Companion Home Provider application process:				
<ul style="list-style-type: none"> • DDA Companion Home Provider Application, DSHS 14-549. • A letter of interest that includes: <ul style="list-style-type: none"> ○ Your experience supporting people with developmental disabilities; ○ How long you have known the client considering Companion Home supports with you; and ○ What qualities do you have that you feel would make you a good Companion Home provider. • A resume including three references (unrelated to you) including contact information. • Companion Home Outside Employment Notification and Review form, DSHS 02-589, if employed or self-employed. • A copy of your high school diploma, GED, or other advanced degree. • Copy of Washington State business license. • Copies of any First Aid, CPR, Bloodborne Pathogens, Safety and Orientation, and Basic Training certificates under WAC 388-829, if obtained and current. 				
Section 4. Business License Number and Social Security Number				
BUSINESS LICENSE NUMBER		SOCIAL SECURITY NUMBER		

Section 5. Household Members

List all individuals who:

- Reside at the proposed Companion Home;
- May spend the night at the proposed Companion Home; or
- May have unsupervised access to the client in the Companion Home.

NAME OF PERSON	RELATIONSHIP TO APPLICANT	AGE

Section 6. Background Check Information

Complete a DSHS Background Check Central Unit (BCCU) Online Application Form located at <https://fortress.wa.gov/dshs/bcs/> for each of the following:

- Companion Home provider applicant
- Spouse or State Registered Domestic Partner
- Any person(s) listed in Section 5 who is age 16 or older who will live in, may spend the night in, or have unsupervised access to the client in the Companion Home

NAME OF PERSON	DATE OF BIRTH	CONFIRMATION NUMBER	NAME OF PERSON	DATE OF BIRTH	CONFIRMATION NUMBER

Section 7. Current Employee of the State of Washington

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Are you or any household member currently employed by the State of Washington? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or any household member currently employed by the Department of Social and Health Services (DSHS) or the Department of Children, Youth, and Families (DCYF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the employment with DSHS or DCYF involve assessing persons in community residential service settings including Companion Homes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this employment involve authorizing payments for any resident's supports and services in a community residential service setting including Companion Homes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. List the individual(s) employed, if applicable: | | |

Section 8. Consent for the Department to Release and/or Use Confidential Information

All persons listed in Section 6 who are age 16 or older must read Section 8 and sign below.

A signature of a parent or guardian must also be included in this section for persons age 16 and 17 who live in or may spend the night in the Companion Home.

I consent to the release and use of confidential information about me within the Department of Social and Health Services for purposes of contracting and certification. I grant permission to DSHS and any agency, division, office, or the police to use my confidential information and disclose information to other parts of the Department as appropriate. The Department may define some or all of such information as public information and also disclose this information to third parties when requested according to law to the extent that such information is not exempt from such disclosure by state or federal law. Information may be shared verbally or by computer, mail, or hand delivery.

I am aware that the department is required to respond to requests for disclosure of information from the public. The department may only withhold information if a specific disclosure exemption exists. ([RCW 42.56](#), [Chapter 388-01 WAC](#))

This consent is valid for as long as I am named in this application as the applicant, a person living in the Companion Home, a person who may spend the night in the Companion Home, or a person who may have unsupervised access to the client in the Companion Home.

SIGNATURE	DATE	NAME OF INDIVIDUAL (PLEASE PRINT)

Section 9. Applicant Certification

I certify, under the penalty of perjury under the laws of the State of Washington and by my signature, that the information provided in this application and all additional documents and forms required for certification of a Companion Home are true, complete, and accurate. I understand that the department may obtain additional information, verification and/or documentation related to my answers or information.

I certify that the applicant is at least 21 years of age or older.

Copies of all documents needed to verify the items in this application are attached, and original documents will be readily available for contracting and during the Companion Home evaluation and certification process.

I understand that failure to accurately answer or fully complete the questions on this application may result in denial of the application.

I understand and agree that the information I give to the department will be used to verify the information in this application. Any information given to the department may be used by the department for this purpose.

I have read [RCW Chapter 71A](#), and WAC [388-829C](#), [388-829](#), [388-825](#), [388-828](#), and any other applicable laws and rules.

Notice to Applicant

Section 3 of this application outlines all required documents that must be submitted to initiate the process to become a Companion Home provider.

Additional documents and training requirements are required for contracting and Initial Certification purposes.

A Companion Home provider provides habilitative services to no more than one adult DDA client.

The applicant must meet the requirements for Initial Certification under [WAC 388-829C](#) prior to being contracted as a Companion Home provider.

The Companion Home provider must not have any other contracts with the Department of Social and Health Services or the Department of Children, Youth, and Families or provide paid services to any other individual.

If there is a conflict identified on any employment listed on the Companion Home Outside Employment Notification and Review form, it must be resolved prior to entering in to a Companion Home contract.

A Companion Home services provider is not an Individual Provider.

Section 10. Applicant Certification Signature

SIGNATURE OF COMPANION HOME PROVIDER APPLICANT

DATE

NAME OF APPLICANT (PRINT)