



# Home and Community-Based Waiver Provider Application Checklist

**Instructions:** Please use this checklist to verify all required information is included in your application, and submit it with your application to the DDA Provider Relations Unit. Information with an asterisk (\*) is required for all applications. Other information listed is required and should be submitted depending on request for approval of services/supports.

Date \_\_\_\_\_  
Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
Address \_\_\_\_\_

**Please check if the information listed below is designated and/or included in your application:**

- Indicated if application is for an individual, business, OHCDs applicant
- Indicated type of application submitted
- Indicated for whom services are proposed
- Designated waiver in which services will be provided
- Indicated applicant and/or business name and name of parent company, if applicable and provided attachment
- Indicated name, address, and telephone number of applicant/business
- Indicated email and website address
- Indicated National Provider, Medicaid Provider, and Tax ID numbers as applicable
- Included applicable copies including copy of social security number
- Designated if business is non-profit, MBE, or DBE
- Designated if business is incorporated and provided attachment
- Provided primary contact information
- Checked the services and supports in which DDA approval and/or a license is sought
- Provided information pertaining to any application pending approval to render services and supports
- Indicated current services and/or supports in which the applicant is approved and/or licensed
- Checked the areas in which current and/or proposed services and/or supports will be rendered
- Completed Section III or submitted resume and copies of applicable degrees, certifications, licenses, and/or trainings
- Provided information for business owner, if not the applicant
- Provided three (3) professional references
- Indicated information pertaining to applicant's specialty services
- Indicated General Commercial Liability Insurance Information
- Included a copy of driver's license and automobile insurance information
- Indicated contracts awarded to business or individual applicant
- Answered all questions A to S in Section IV
- Included Criminal Background Checks for applicant
- Included Child Protective Clearance for applicant
- Signed Disclaimer
- Completed Provider Conditions of Participation

**ADDITIONAL INFORMATION REQUIRED FOR BUSINESS ENTITIES**

- Included Business credential, certification and/or accreditation information
- Included IRS Form 990 or 1120
- Included Board of Director's Form if application is for a license
- Included Copied of worker's compensation insurance
- Included Names and Criminal Background Checks for applicant's staff
- Included Names and Child Protective Clearance for applicant's staff
- Included Program Service Plan
- Include Quality Assurance Plan
- Included Business Plan