Adoption Services Provider Qualification Profile Form

Please Note: Only check the counties your agency has the capacity to provide services in (capacity is defined as the number of staff and/or sub-contractors your agency has or will hire vs the number of counties you select). If you do not have adequate staff and/or sub-contractors to provide the service you can send a memo with your application documents that states how many you plan to hire and the credentials they will possess (example: 4 fully licensed staff or 6 bachelor level degreed or 3 High School/Ged).

NAME OF SERVICE PROVIDER (INDIVIDUAL OR COMPANY)

Section I

☐ **Region 1**	☐ **Region 2**	☐ **Region 3**	☐ **Region 4**	☐ **Region 5**	☐ **Region 6**	☐ **Region 7**
☐ Catoosa	☐ Banks	☐ Bartow	☐ Butts	☐ Barrow	☐ Baldwin	☐ Burke
☐ Chattooga	☐ Dawson	☐ Douglas	☐ Carroll	☐ Clarke	☐ Bibb	☐ Columbia
☐ Dade	☐ Forsyth	☐ Floyd	☐ Coweta	☐ Elbert	☐ Crawford	☐ Glascock
☐ Fannin	☐ Franklin	☐ Haralson	☐ Fayette	☐ Greene	☐ Houston	☐ Hancock
☐ Gilmer	☐ Habersham	☐ Paulding	☐ Heard	☐ Jackson	☐ Jones	☐ Jefferson
☐ Gordon	☐ Hall	☐ Polk	☐ Lamar	☐ Jasper	☐ Monroe	☐ Jenkins
☐ Murray	☐ Hart		☐ Meriwether	☐ Madison	☐ Peach	☐ Lincoln
☐ Pickens	☐ Lumpkin		☐ Pike	☐ Morgan	☐ Putnam	☐ McDuffie
☐ Walker	☐ Rabun		☐ Spalding	☐ Newton	☐ Twiggs	☐ Richmond
☐ Whitfield	☐ Stephens		☐ Troup	☐ Oconee	☐ Wilkinson	☐ Screven
☐ Cherokee	☐ Towns		☐ Upson	☐ Oglethorpe		☐ Taliaferro
	☐ Union		☐ Henry	☐ Walton		☐ Warren
	☐ White			☐ Rockdale		☐ Washington
						☐ Wilkes

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☐ **Region 8**	☐ **Region 9**	☐ **Region 10**	☐ **Region 11**	☐ **Region 12**	☐ **Region 13**	☐ **Region 14**
☐Chattahoochee	☐Appling	☐Baker	☐Atkinson	☐Bryan	☐Clayton	☐DeKalb
☐Clay	☐Bleckley	☐Calhoun	☐Bacon	☐Bulloch	☐Cobb	☐Fulton
☐Crisp	☐Candler	☐Colquitt	☐Ben Hill	☐Camden	☐Gwinnett	
☐Dooly	☐Dodge	☐Decatur	☐Berrien	☐Chatham		
☐Harris	☐Emanuel	☐Dougherty	☐Brantley	☐Effingham		
☐Macon	☐Evans	☐Early	☐Brooks	☐Glynn		
☐Marion	☐Jeff Davis	☐Grady	☐Charlton	☐Liberty		
☐Muscogee	☐Johnson	☐Lee	☐Clinch	☐Long		
☐Quitman	☐Laurens	☐Miller	☐Coffee	☐McIntosh		
☐Randolph	☐ Montgomery	☐Mitchell	☐Cook			
☐Schley	☐Pulaski	☐Seminole	☐Echols			
☐Stewart	☐Tattnall	☐Terrell	☐Irwin			
☐Sumter	☐Telfair	☐Thomas	☐Lanier			
☐Talbot	☐Toombs	☐Worth	☐Lowndes			
☐Taylor	☐Treutlen		☐Pierce			
☐Webster	☐Wayne		☐Tift			
	☐Wheeler		☐Turner			
	☐Wilcox		☐Ware			

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Section II

All Service Providers are required to be pre-approved by DFCS and must submit the following documents:

1. W-9 (See attached blank form)
2. Vendor MGMT form (see attached blank form)
3. Three (3) Professional Letter References (At least one (1) reference must be a CEO/owner/director/county director or higher in an organization for which the Service Provider has provided Human Services and volumes as described in this application for (3) three or more years)
4. **Financial Capabilities** (Service provider choses A, B, or C). **Authenticity Statement required for any type chosen.**

   A. If a public company/entity, Service Provider **must provide its most recent audited financial reports/statements (must be within 12 months of application)**.

   B. If a private company/entity, the service provider must provide #1 or #2 documents.

   - Service Provider **must provide a copy of its most recent annual audited financial reports/statements (must be within 12 months)**.
     - **Authenticity Statement** (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)

     OR

   - If no audited financial reports/statements are available, **Service Provider must provide a copy of its internal financial reports/statements including at minimum** :
     - **Balance Sheet** (i.e. cash, property, any cash owed or due),
     - **Profit & Loss Statement** (i.e. all income and expenses for last year, money made and paid out), and
     - **Cash Flow Statement** (i.e. the total amount of money the business has brought in and spent over the last year)

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- **Bank Statements** (for past 12 months of as verification of Cash Flow Statement).
- **Authenticity Statement** (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)

OR

C. If individuals, Service Provider **must provide their bank statement for the past 6 months (the bank statement should be under the name of the individual Service Provider that is listed on the submitted documents)**.

- **Authenticity Statement** (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)

5. The organization chart (see attachment Support Services Organizational Chart) including owner, staff and/or subcontractors (**No other staff or sub-contractor documents are required for submittal**)
6. A **signed copy** of Attachment A, Contract Requirements.
7. A notarized Security and Immigration Affidavit
8. A completed Tax Compliance Form
9. Company Information (Please respond in: Section IV Narrative Response):
   - Company Full Legal Name
   - Address
   - Authorized Contact Person's Name
   - Contact Person's Telephone Number
   - Contact Person's Email address
   - Company's Fiscal Year End Date (DD/MM)
   - TeamWorks Vendor ID (if your Agency already has one)

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	NOTES: **If Service Provider is awarded a contract, DFCS contract administration will notify them of all expanded requirements that need to be completed prior to any service provision.**

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Section III

1	Provider understands that their staff and/or subcontractors must be able to provide the following core services: A. ADOPTION SERVICES– Initial Family Assessment B. Relative/Non-Relative Assessments C. Updated ADOPTION SERVICES D. Transportation/Escorting Services E. Court Appearances Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◉ No ○
2	Service Providers, Staff and/or Subcontractors must complete all required training for ADOPTION Services prior to providing any services. Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”.	Yes ○ No ○
3	Service Providers will comply with the policy to receive a DFCS SERVICE AUTHORIZATION & REFERRAL FORM prior to providing ANY service to families. The Department will not pay for services that have not been requested on the DFCS Service Authorization/Referral Form. Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”.	Yes ○ No ○
4	Service Providers will need to be able to conduct ADOPTION Services in a client’s home, at local courts or Provider office and in any other location as requested within the assigned region.	Yes ○ No ○

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	Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”.	
5	The Department may require court appearances from Service Providers. Testimony may be required by provider owner, staff and/or subcontractors and must submit a copy of a court subpoena for payment purposes. Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”.	Yes No
6	Service Provider must follow the established DFCS policy for mandated reporting of suspected child abuse and maltreatment. (Follow link below). http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=3005722&verId=1 Service Provider must certify that it has read and understands the Receiving Intake Reports policy and is willing to comply by answering "yes".	Yes No
12	Staff providing Transportation/Escorting Services: HS Diploma & 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) Also, must have successfully completed Child Safety Seat Training. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes No
13	The Department's policies, processes, procedures and forms are subject to change during the duration of the contract and/or extensions into which the provider must adhere to. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes No
14	Service Provider must report any unsafe conditions to County Department within 12 hours of observation. Unsafe conditions must be staffed with DFCS case manager and supervisor to determine appropriate course of action. Written communication must follow initial notification within 24 hours of observation. Contractor should follow mandated reporter procedures for any signs of immediate danger to a child.	Yes No

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	Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	
15	Service Provider must have appropriate/adequate technology to communicate with State Office, County Department staff and other partners (i.e. computers, fax, phone, email, etc.) Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
16	High, Moderate and Low Level Court Appearance Credentials The Department requires for staff providing court appearance services as a result of this contract to have a minimum of the following: I. High Level: A. Master's or Doctoral Degree in Human Services and Fully Licensed by the Georgia Composite Board II. Moderate Level: A. Master's Degree or higher in Human Services and Provisional License by the Georgia Composite Board or be under Supervision for Licensure III. Low Level: A. Master's Degree or higher in Human Services with one (1) year of experience in Human Services or Bachelor's Degree or higher in Human Services with three (3) year of experience in Human Services Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
17	The Placement Supervisor must have a master's degree from an accredited college or university in the area of behavioral or social sciences, social work, psychology, childhood education, special education, guidance counseling, or related field with one (1) year experience in the field of human services or a bachelor's degree from an accredited college or university in the same areas of study with two (2) years of paid work experience in a human services delivery capacity or a related field. Placement/ Adoption worker must have a bachelor's degree from an accredited college or university in the area of human services, with two (2) years direct service experience with children and families or a master's degree from an accredited college or university in the same areas of study with one (1) year of paid work experience with children and families. The Department has the final discretion to approve or disapprove any staff and/or sub-contracted provider. Staff cannot provide services until written notification is received of full approval.	Yes ◯ No ◯

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18	Service Provider must ensure all staff and/or subcontractors responsible for services as described in this Application have received or will receive appropriate training and certifications related to the services in this Application. This includes any curricula, programs, on-going training, etc. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
19	The Department sends Service Authorization Forms through encrypted email. Service Providers must be capable to receive the encrypted Service Authorization Forms in a confidential manner. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
20	The Service Provider must confirm receipt of the referral within 12 hours of acceptance or rejection to the referring Department/County. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
21	The Service Provider must report missed appointments to the Department within 24 hours in writing (i.e. via email or fax). Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯
22	The Service Provider must comply with the Health Insurance Portability and Accountability Act (HIPAA) and specific compliance with HIPAA in regard to the handling of client information which includes the Agency release of information and secure record keeping systems. The information regarding HIPAA is found in the attachment titled Business Associate Agreement. Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes".	Yes ◯ No ◯

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Section IV

Narrative Response

- Company Information

a. Company Full Legal Name:

b. Address:

c. Authorized Contact Person's Name:

d. Contact Person's Telephone Number:

e. Contact Person's Email address:

f. Company's Fiscal Year End Date (DD/MM):

g. TeamWorks Vendor ID (if your Agency already has one, if not, write N/A):