**Section I**

**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 versus the number of counties you select.)

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| **NAME OF SERVICE PROVIDER (INDIVIDUAL OR COMPANY)** |  |

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| **Region 1**  Catoosa  Chattooga  Dade  Fannin  Gilmer  Gordon  Murray  Pickens  Walker  Whitfield  Cherokee | **Region 2**  Banks  Dawson  Forsyth  Franklin  Habersham  Hall  Hart  Lumpkin  Rabun  Stephens  Towns  Union  White | **Region 3**  Bartow  Douglas  Floyd  Haralson  Paulding  Polk | **Region 4**  Butts  Carroll  Coweta  Fayette  Heard  Lamar  Meriwether  Pike  Spalding  Troup  Upson  Henry | **Region 5**  Barrow  Clarke  Elbert  Greene  Jackson  Jasper  Madison  Morgan  Newton  Oconee  Oglethorpe  Walton  Rockdale | **Region 6**  Baldwin  Bibb  Crawford  Houston  Jones  Monroe  Peach  Putnam  Twiggs  Wilkinson | **Region 7**  Burke  Columbia  Glascock  Hancock  Jefferson  Jenkins  Lincoln  McDuffie  Richmond  Screven  Taliaferro  Warren  Washington  Wilkes |
| **Region 8**  Chattahoochee  Clay  Crisp  Dooly  Harris  Macon  Marion  Muscogee  Quitman  Randolph  Schley  Stewart  Sumter  Talbot  Taylor  Webster | **Region 9**  Appling  Bleckley  Candler  Dodge  Emanuel  Evans  Jeff Davis  Johnson  Laurens  Montgomery  Pulaski  Tattnall  Telfair  Toombs  Treutlen  Wayne  Wheeler  Wilcox | **Region 10**  Baker  Calhoun  Colquitt  Decatur  Dougherty  Early  Grady  Lee  Miller  Mitchell  Seminole  Terrell  Thomas  Worth | **Region 11**  Atkinson  Bacon  Ben Hill  Berrien  Brantley  Brooks  Charlton  Clinch  Coffee  Cook  Echols  Irwin  Lanier  Lowndes  Pierce  Tift  Turner  Ware | **Region 12**  Bryan  Bulloch  Camden  Chatham  Effingham  Glynn  Liberty  Long  McIntosh | **Region 13**  Clayton  Cobb  Gwinnett | **Region 14**  DeKalb  Fulton |

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| **NAME OF SERVICE PROVIDER (INDIVIDUAL OR COMPANY)** |  |

**Section II**

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|  | **All Service Providers are required to be pre-approved by DFCS and must attach the following documentation:**   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 Supplier has provided direct Human Services and/or Drug Screening Services as described in this Application for (3) three or more years) 4. Financial Capabilities (these items **MUST** be submitted, or provider will be considered Non-responsive  (a) If a public company/entity, Supplier **must provide its most recent audited financial reports/statements (must be within 12 months)**.  (b) If a private company/entity, the service provider must provide #1 or #2 documents. 5. Service provider must provide a copy of its most recent annual audited financial reports/statements (must be within 12 months of application.)  * **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**   1. If no audited financial reports/statements are available, **Supplier must provide a copy of its internal financial reports/statements including at minimum**:    1. **Balance Sheet** (i.e. cash, property, any cash owed or due)    2. **Profit & Loss Statement** (i.e. all income and expenses for last year, money made and paid out)    3. **Cash Flow Statement** (i.e. the total amount of money the business has brought in and spent over the last year)    4. **Bank Statements** (for past 12 months of as verification of Cash Flow Statement)    5. **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.)   (c) **If individuals**, **supplier must provide their bank statement for the past 6 months (the bank statement should be under the name of the individual supplier that is listed on the submitted documents.)**   1. Corporate Resolution: Only required for non-profit agencies. This is a notarized statement from your board of directors stating who has the authority to handle contractual matters/decisions. 2. A signed copy of Attachment F, Drug Screening Requirements. 3. A notarized Security and Immigration Affidavit 4. A completed Tax Compliance Form 5. 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)   **\*NOTE:** 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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| **NAME OF SERVICE PROVIDER (INDIVIDUAL OR COMPANY)** |  |

**Section III**

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| 1 | Provider understands that their staff and/or subcontractors must be able to provide the following services:   1. Insta-cup Urine samples 2. Hair follicle samples 3. Oral swab samples 4. Sweat Patch samples   Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 2 | Provider will ensure to have adequate staff of male and female 2:1 (staff per county) for coverage in servicing areas. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 3 | Supplier must ensure all staff and/or subcontractors responsible for services as described in this Application have received or will receive appropriate Drug Screen Collection training and certifications related to the services in this Application. This includes any curricula, programs, on-going training, etc. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 4 | 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. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 5 | Service Providers will need to be able to conduct drug screenings collections on-call, at local courts, in the client's home and in any other location as requested by the DFCS County Office. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 6 | Service Providers must be able to perform drug screening collections 24 hours a day/7 days a week upon request at any location Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 7 | The Department may require court appearances from Service Providers. Testimony may be required by the person who collected the specimen. Can your agency comply with these requirements? Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 8 | 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. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 9 | The Service Provider must confirm receipt of the referral within 12 hours of acceptance or denial and provide the reason for the denial to the referring DFCS County Office. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 10 | The Service Provider must report missed appointments and/or refusal to complete any drug screen test to the Department within 24 hours in writing (i.e. via email or fax). Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 11 | 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. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 12 | Provider will maintain all necessary supplies to complete drug screening services to include:   1. Insta-cup Urine Collection Kits 2. Hair Follicle Collection Kits 3. Oral Swab Collection Kits 4. Sweat Patch Collection Kits   Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 13 | Supplier must follow the established DFCS policy for mandated reporting of suspected child abuse and maltreatment. (follow the link below.)  <http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=3005726&verId=1>  Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 14 | 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. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 15 | Supplier must report any unsafe conditions to the County Department within 12 hours of observation. Unsafe conditions must be staffed with the DFCS Case Manager and Supervisor to determine the appropriate course of action. Written communication must follow initial notification within 24 hours of observation. Contractor should follow the mandated reporter procedures for any signs of immediate danger to a child. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 16 | Supplier must have appropriate/adequate technology to communicate with the State Office, County Department staff and other partners (i.e. computers, fax, telephone, email, etc.) Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 17 | Supplier must have three (3) years of previous experience in providing Drug Screen Services as outlined in this Application. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |
| 18 | Provider agrees to use a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory that follows the national guidelines for cut off levels and standards. Supplier must certify its understanding of this requirement and willingness to comply by answering “yes.” | Yes or No |

**Section IV**

**Narrative Response**

* Company Information

1. Company Full Legal Name:
2. Address:
3. Authorized Contact Person's Name:
4. Contact Person's Telephone Number:
5. Contact Person's Email address:
6. Company's Fiscal Year End Date (DD/MM):
7. TeamWorks Vendor ID (if your Agency already has one, if not, write N/A):