**Section I**

**Please Note**: The provider may conduct services in any region/county in the state. The provider also has the right to accept or decline referrals based on their discretion to have the capacity to provide quality services in a requested area. Your preferred region/county of choice will be sent to those DFCS County Offices.

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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. Valid state approved picture ID (s) 4. Resume(s) for all staff, owners, and subcontractors (if any)\* 5. 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 Human Services and volumes as described in this Application for (3) three or more years) 6. 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, 7. Supplier **must provide a copy of its most recent annual audited financial reports/statements (must be within 12 months)**.   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), and    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. The organization chart including collectors and administrative staff (see attachment Drug Screen Collection Organizational Chart). 2. The legal form of your business organization (for profit, non-profit, partnership, etc.), and the state in which the organization is incorporated (if a corporation) as an attachment titled "Legal Form of Business" 3. A signed copy of Attachment F, Drug Screening Collection Only Requirements. 4. A notarized Security and Immigration Affidavit 5. A completed Tax Compliance Form 6. Company Information (Please respond in: Section IV Narrative Response):    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)   **\*NOTE:** Please combine documents if submitting qualifications for more than 1 person. |

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

**Section III**

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| 1 | Service Providers must agree to undergo drug collection training that will be administered by a DFCS approved provider before receiving referrals. Training dates will be coordinated following the pre-qualification process. Can your agency comply with these requirements? | Yes or No |
| 2 | 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. Can your agency comply with these requirements? | Yes or No |
| 3 | 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 within the assigned region/county. Can your agency comply with these requirements? | Yes or No |
| 4 | Service Providers must be able to perform drug screening collections 24 hours a day upon request. Can your agency comply with these requirements? | Yes or No |
| 5 | 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? | Yes or No |
| 6 | 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. Can your agency comply with these requirements? Can your agency comply with these requirements? | Yes or No |
| 7 | The Service Provider must confirm receipt of the referral within 12 hours of acceptance or rejection to the referring Department/County. Can your agency comply with these requirements? | Yes or No |
| 8 | 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). Can your agency comply with these requirements? | Yes or No |
| 9 | 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. Can your agency comply with these requirements? | 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):