**Please Note**: The provider to conduct services in any region in the state, but the provider has the right to accept or decline referrals based on the provider’s discretion to have the capacity to serve and provide quality services in a requested area.

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

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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.**   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** (these items **MUST** be submitted or provider will be considered Non-responsive)   (a) If a public company/entity, Service Provider **must provide its most recent audited financial reports/statements (must be within 12 months)**.  (b) If a private company/entity,   1. Service Provider **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, **Service Provider 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**, **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)**.   1. The organization chart (see attachment Support Services Organizational Chart) including owner, staff and/or subcontractors. 2. A signed copy of Attachment A, Contract Requirements. 3. A notarized Security and Immigration Affidavit 4. A completed Tax Compliance Form 5. 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)   **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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| **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 core services:  A. Crisis Intervention  B. Transportation/Escorting Services  C. In-home Targeted Case Management  D. Court Appearance  E. In-home intensive clinical therapeutic services  F. Coordination and facilitation of family team meetings (FTM)  G. Behavioral Management (Behavioral Aide)  Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 2 | Service Providers, Staff and/or Subcontractors must complete all required training for WRAP Services prior to providing any services.  Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”. | Yes or 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 or No |
| 4 | Service Providers will need to be able to conduct WRAP Services in a client’s home, at local courts or Provider office and in any other location as requested within the assigned region.  Service Provider must certify its understanding of this requirement and willingness to comply by answering “yes”. | Yes or No |
| 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 or 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 or No |
| 7 | Staff providing In-home intensive clinical therapeutic services:  HigH Risk therapeutic services : Must be in possession of a Graduate level or higher degree in Human Services and fully licensed.  Moderate Risk therapeutic services: Must be in possession of a Graduate level or higher degree in Human Services and Provisional licensure, or Masters under supervision for Licensure are authorized to perform these services.   Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 8 | Staff providing Crisis Intervention Services:  HigH Risk Crisis Intervention Services: Must be in possession of a Graduate level or higher degree in Human Services and fully licensed.  Moderate Risk Crisis Intervention Services: Must be in possession of a Graduate level or higher degree in Human Services and Provisional licensure, or Masters under supervision for Licensure are authorized to perform these services.  Low Risk Crisis Intervention Services: Must be in possession of a Graduate level or higher degree in Human Services and 1 year experience in human services or Bachelor’s Degree in human services with 3 years of experience in human services.  Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 9 | Staff providing In Home Targeted Case Management Services:  HigH Risk In Home Targeted Case Management Services: Must be in possession of a Graduate level or higher degree in Human Services and fully licensed.  Moderate Risk In Home Targeted Case Management Services: Must be in possession of a Graduate level or higher degree in Human Services and Provisional licensure, or Masters under supervision for Licensure are authorized to perform these services.  Low Risk In Home Targeted Case Management Services: Must be in possession of a Graduate level or higher degree in Human Services and 1 year experience in human services or Bachelor’s Degree in human services with 3 years of experience in human services.  Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 10 | Staff providing Family Team Meeting Coordination/Facilitation Services:  Must be in possession of a Graduate level or higher degree in Human Services and 1 year experience in human services or Bachelor’s Degree in human services with 3 years of experience in human services. Also, must have successfully completed the FTM Certification Training   Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 11 | Staff providing Behavioral Aide Services:  Bachelor’s Degree in human services (no human service experience required) or High School Diploma and 5 years of human services experience.   Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 12 | Staff providing Transportation/Escorting Services:  High School Diploma and 5 years of 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 or 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 or 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.  Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 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 or 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 Doctorial 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 or No |
| 17 | Service Provider must have three (3) years of previous experience in providing Human Services as outlined in this Application.  Service Provider must certify its understanding of this requirement and willingness to comply by answering "yes". | Yes or No |
| 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 or 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 or 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 or 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 or 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 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):