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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROVIDER INFORMATION: | | | | | | | | | | | | | | |
| Legal Name of Business (used for IRS): | | | | | DBA: | | | | | | | Corporate Office Location: | | |
| OWNERSHIP INFORMATION: | | | | | | | | | | | | | | |
| Mr.   Mrs.  Ms.  Consortium | First Name/Middle Initial: | | | | | | Last Name: | | | | | | | Title: |
| Address: | | | | City/State: | | | | | | Zip: | | | | County: |
| Date of Ownership: | | Percentage of Ownership: | | SSN: | | | | | PH: ( ) Cell: ( )  Fax: ( )  Toll Free: ( ) | | | | | |
| Email (Personal): | | | | | | | | | Website: | | | | | |
| TYPE OF AGENCY:  Public  Public Non-Profit  Private Non-Profit  Private For Profit  Other: Private Duty  Medicare Skilled  Hospice Certified  Hospital Based  Minority Owned/Operated by Minority Individuals | | | | | | | | | | | | | | |
| EIN: | | | | | | NPI: | | | | | | | | |
| Primary Location Address: | | | | | | PH: ( )  Toll Free: ( ) | | | | | | | Fax: ( ) | |
| Primary Mailing Address: | | | | | | | | Other Mailing Address: | | | | | | |
| Other Locations: | | | Contact Person for Services/Title: | | | | | | | | Billing  Contact: | | | |
| PH: | | | | | | | | PH: | | | |
| Administrator/Manager: Email: | | | | | | | | PH: ( ) Fax: ( )  Cell: ( ) | | | | | | |
| Current and Proposed COVERAGE AREA (By County):  BARRY  BRANCH  BERRIEN  CALHOUN CASS  KALAMAZOO  ST. JOSEPH  VAN BUREN  OTHER: | | | | | | | | | | | | | | |
| SERVICES OFFERED: (Per MI-Choice Waiver DPOS Services Descriptions) Check all that apply: | | | | | | | | | | | | | | |
| Community Living Supports (PC/HC)  Personal Care  Homemaking  Nursing Services  Private Duty Nursing  In Home Respite  Out of Home Respite  Chore Services  Transportation  Home Delivered Meals  Adult Day Services  PERS and/or Medication Machines  DME/Liquid Nutrition  Assisted Living/Home For Aged  ---------------------------------------------------------------------------  Is your company currently participating as:  DHS Home Adult Home Help Agency?  Y  N MI-Health Link Provider:  Y  N Veterans’ Admin. Provider  Y  N | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| BUSINESS BACKGROUND: Time in Business:  Company \_\_\_\_\_\_\_\_\_\_\_\_\_  Site/Franchise (Year Opened)\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Type/Number of Employees:  HC Workers\_\_\_\_\_\_\_\_\_\_  CNAs\_\_\_\_\_\_\_\_\_\_ Nursing Staff\_\_\_\_\_\_\_\_\_  Office\_\_\_\_\_\_\_  On Call Staff \_\_\_\_\_\_\_\_\_  Supervisors\_\_\_\_\_\_\_\_\_\_  Drivers\_\_\_\_\_\_\_\_  Volunteers\_\_\_\_\_\_\_\_\_\_  Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Is your Agency available by phone 24 hours/7 days per week?  Y  N (Mandatory for Home Care Agencies) | | | | | | | | | | | | | | |
| List Other Businesses/Waiver Agents who have contracted with your Agency: | | | | | | | | | | | | | | |
| Why is your business interested in serving Region 3B AAA participants? | | | | | | | | | | | | | | |

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| The following DOCUMENTS ARE REQUIRED as part of your application: |
| REQUEST FOR SERVICES BID (S) on Company/Business Letterhead  Copy of proof of Business LLC or Corporate Designation  NOT APPLICABLE  Copy of IRS E-mail or Letter designating company EIN (Electronic Information Number) - REQUIRED FOR CONTRACTING  Copy of Centers for Medicare Services/NPPES NPI Assignment E-mail or Letter (National Provider Number)  NOT APPLICABLE  TWO-THREE PROFESSIONAL REFERENCES for service to similar businesses as this Waiver Agent, including other Waiver Agents. |
| How did your business hear about Region 3B Area Agency on Aging?  SELF REFERRAL  INTERNET SEARCH  BUSINESS CONTACT REFERRAL  OTHER  CLIENT REFERRAL |
| Where applicable: Is your agency willing to take participants who are classified as “at-risk” (must always receive their scheduled services without fail)?  YES  NO - If no, why not? |
| ADDITIONAL COMMENTS: |
| Please return by e-mail [lwilson@region3b.org](mailto:lwilson@region3b.org) or fax to ATTN: Contracts 269-441-5314  Phone: 269-441-0917  Region 3B Area Agency on Aging, 200 W. Michigan Avenue, Ste. 102, Battle Creek, MI 49017 |

Received at R3B Offices:

Reviewed by: Comments: