

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)**

**APPLICATION TO PROVIDE
ASSISTIVE TECHNOLOGY SERVICES**

I. BACKGROUND INFORMATION

1. Date _____ Information Completed by _____
2. Name of Business _____ Federal ID #: _____
- a. Business Address _____
- b. Billing Address _____
- c. Agency Web Link Yes ___ No ___ Web Address _____
3. a. Company President _____ Telephone # _____ Ext. _____
- b. Contact Person Name _____ Telephone # _____ Ext. _____
- c. Fax # _____ E-Mail Address _____
- d. Number of Years in Operation _____ Number of Customers Served Annually _____
- e. Current Services Offered: _____
- f. Counties Served: Statewide: Yes ___ No ___ If no, check all of the counties where your agency provides services.
- | | | |
|-------------|--------------|--------------|
| Atlantic__ | Bergen__ | Burlington__ |
| Camden__ | Cape May__ | Cumberland__ |
| Essex__ | Gloucester__ | Hudson__ |
| Hunterdon__ | Mercer__ | Middlesex__ |
| Monmouth__ | Morris__ | Ocean__ |
| Passaic__ | Salem__ | Somerset__ |
| Sussex__ | Union__ | Warren__ |
4. What type of service(s) does your business wish to provide to Self Directed Services participants?
- ___Assistive Device ___ Evaluation/Assessment ___ Vehicle Modification
___ Home Modification ___ Personal Emergency Response System (PERS)

II. STANDARDS

5. Is your business a Medicaid/Medicare provider? ___YES ___NO If yes, please complete the following:

Medicaid Contract Number: _____

Medicare Contract Number: _____

Contact Person's Name: _____

Contact Person's Telephone Number: _____

6. Is your business listed as a vendor for the State of New Jersey? ___YES ___NO If yes, which State agencies do you do business with:

Name of State Agency: _____

Name of State Agency: _____

Name of State Agency: _____

If you answered YES to questions 5 OR 6, please skip to question 8. If you answered NO to questions 5 OR 6, please proceed to question 7.

7. Is your business required to have a license, certification, registration, or authorization from the New Jersey Department of Consumer Affairs (NJDCA) or any other endorsing entity? If yes, complete the following:

Requirement	Term	Issued By

(Copies of licenses, certifications, registrations or authorizations must be submitted to DDD as part of this application)

a. Are the above indicated licenses, certifications, registrations or authorizations currently valid? ___ YES ___ NO If no, why? _____

8. **Liability Insurance:** ___Yes ___No

Name of insurance company _____

Policy # _____

(Proof of insurance coverage must be submitted to DDD as part of this application)

HOME/VEHICLE MODIFICATION PROVIDERS: Please attach a formal bid proposal on company letterhead with this application.

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.