

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES  
ASSISTIVE TECHNOLOGY SERVICES PROVIDER AGREEMENT**

Name of Provider
Federal ID #:

PROVIDER AGREES TO:

1. Participate as a provider in Division of Developmental Disabilities Self Directed Services;
2. Maintain status as a qualified provider of services to Self Directed Services consumers by keeping all licenses, certifications, accreditations and other credentials in good standing;
3. Notify the Division of Developmental Disabilities of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e. licenses, certifications, accreditations;
4. Notify the Division of Developmental Disabilities of changes in the name, address, telephone and contact person for the agency.
5. Provide Assistive Technology Services as specified in the Plans of Care of Self Directed Services participants:
6. Follow the instructions of the fiscal intermediary agency for submission of invoices for services rendered;
7. Authorize the Family Support Center of New Jersey to list business as a DDD Qualified Provider on the Iris Self Directed Services website. (Information will be sent directly to you by the Family Support Center)
8. Certify all information in the application is valid and have read the instructions regarding how to submit the requested information/documentation.

Failure to continue to meet any of the above conditions shall be cause for termination of the provider agreement.

The provider also agrees that either the provider or the Division of Developmental Disabilities may terminate this agreement by giving the other party 30 days written notice.

Name of Responsible Individual (Print)	
Title	Telephone #
Signature	Date

Instructions: Mail completed Provider Agreement to:  
**Division of Developmental Disabilities**  
**P.O. Box 726**  
**Trenton, New Jersey 08625**  
**Attention: Glynis Wilson**  
**Telephone: (609) 631-6511 Fax: (609) 631-2217**