

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

**APPLICATION FOR SERVICE PROVIDERS
COMMUNITY BUSINESS**

BACKGROUND INFORMATION

1. Date _____ Information Completed by _____

2. Business Name _____ Federal ID/Social Security #: _____
 - a. Business Address _____
 - b. Billing Address _____
 - c. Business Web Link Yes ___ No ___ Web Address _____

3. Is your business a subsidiary of a parent or larger organization? Yes ___ No ___
 - a. If yes, name of parent or larger organization _____
 - b. Address _____
 - c. Telephone # _____ Ext. _____

4. Owner/ Manager Name _____ Telephone # _____ Ext. _____
 - a. Contact Person Name _____ Telephone # _____ Ext. _____
 - b. Fax # _____ E-Mail Address _____
 - c. Years of Operation _____ Number of Customers Served Annually _____
 - d. 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__

5. Programs/Services Offered: Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Facility Membership | <input type="checkbox"/> Cooking Classes |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Arts and Crafts Classes |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Aerobics Studio | <input type="checkbox"/> Pilates |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Other (Please list below) | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Academic Tutoring | |

Other Adult Classes and Services: _____

What services are included with your Facility Membership: _____

Cost of services (Please attach a rate sheet if one is available): _____

If your business will render services out of more than one site location, list each site and its corresponding billing address on page 3 of this application.

STANDARDS

Please check all standards that apply to your business and staff:

- Current Business License or Charitable Registration Certificate.
(Copy of your license/certificate must be submitted with this application)
- Licensed by the Division of Consumer Affairs (DCA) as a “seller of health club services” or “health spa”.
(Copy of your license must be submitted with this application)
- Member of the YMCA of the USA.
- Certified Instructors (Please see below. Check all that apply to your staff)

Certification/Training:

- | | |
|---|---|
| <input type="checkbox"/> Community First Aid | <input type="checkbox"/> Adult CPR |
| <input type="checkbox"/> YMCA of the USA Program Training Certification | <input type="checkbox"/> YMCA Training Certificate |
| <input type="checkbox"/> Health and Fitness Workshop Certification (i.e. Curves, Jazzercise etc.) | <input type="checkbox"/> Yoga Instructor Certification |
| <input type="checkbox"/> Personal Fitness Trainer Certification | <input type="checkbox"/> Pilates Instructor Certification |
| <input type="checkbox"/> Professional Chef | <input type="checkbox"/> Other Staff Certifications (Please list below) |
| <input type="checkbox"/> Professional Crafters | |
| <input type="checkbox"/> NARHA Certified Instructors | |
| <input type="checkbox"/> NJ Teaching Certification | |

Other Staff Certification/Training: _____

Liability Insurance: __ Yes __ No

Name of insurance company _____

Policy # _____

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

Type of Criminal Background Checks Conducted?

__ State __ Local __ Federal __ None

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Any Additional Information you would like to provide (Optional):

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

PLEASE LIST ALL OFFICES/SITES THROUGHOUT THE STATE THAT YOUR BUSINESS WILL RENDER SERVICES

**LOCAL ADDRESS
AND TELEPHONE NUMBER**

**BILLING ADDRESS
AND TELEPHONE NUMBER**

