

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

**APPLICATION FOR SERVICE PROVIDERS
DDD CONTRACTED AGENCIES**

BACKGROUND INFORMATION

1. Date _____ Information Completed by _____
2. Name of Agency _____ Federal ID/Social Security #: _____
 - a. Agency Address _____
 - b. Billing Address _____
 - c. Agency Web Link Yes ___ No ___ Web Address _____
3. Is your agency a subsidiary of a parent or larger organization? Yes ___ No ___
 - a. If yes, name of parent or larger organization _____
 - b. Address _____
 - c. Telephone # _____ Ext. _____

If your agency will render services out of more than one site location, list each site and its corresponding billing address if different than the address indicated above on page 3 of this application.

4. Agency Type: (check all that apply)
National ___ State ___ Local ___ For Profit ___
Not For Profit ___ Religious Not for Profit ___ Limited Liability Corp. ___
 - a. Executive Director Name _____ Telephone # _____ Ext. _____
 - b. Contact Person Name _____ Telephone # _____ Ext. _____
 - c. Fax # _____ E-Mail Address _____
 - d. Agency Years of Operation _____ Number of Consumers Served Annually _____
 - e. Current Services and Supports 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___ |

g. Service Locations: (check all that apply)

___Consumer's Home ___Community Location ___Agency Site

5. What service(s) does your agency provide through your contract (s) with DDD?

___Individual Supports ___Respite ___Camp ___Hotel Respite ___Habilitation
___Supported Employment ___Residential

a. What types of services does your agency wish to qualify to provide to Self Directed Services participants?

___Individual Supports ___Respite ___Camp ___Hotel Respite ___Habilitation
___Supported Employment ___Employment Specialist ___Transportation
___Individual/Group Specialized Instruction

7. If you wish to provide a service that you are not currently contracted with DDD to provide, what qualifies you to provide this service? Please outline how services are going to be administered.

8. Does your agency wish to provide transportation services? ___Yes ___No

If yes, please answer the following questions:

b. Are you utilizing a vehicle(s) that is not attached to a DDD contracted program?

___ Yes ___ No

c. Does this vehicle(s) have a current New Jersey registration? ___ Yes ___ No

d. Does this vehicle(s) have a current New Jersey inspection sticker? ___ Yes ___ No

e. Is this vehicle(s) covered by a current auto insurance policy? ___ Yes ___ No

f. Do all your drivers have a current New Jersey license? ___ Yes ___ No

g. If applicable, do your drivers have a current New Jersey CDL license? ___ Yes ___ No (If yes, copy of CDL license is required)

h. Do all your drivers have a driver history abstract completed within the last year? ___ Yes ___ No

- i. Are all your drivers covered by your auto insurance policy? ____ Yes
____ No

Insurance company name _____

Policy # _____

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

I certify that all of the information provided in this application is valid and accurate.

Executive Director Signature

Date

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 AGENCY WILL RENDER SERVICES

**LOCAL ADDRESS
AND TELEPHONE NUMBER**

**BILLING ADDRESS
AND TELEPHONE NUMBER**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional sheets as needed.