

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

**SUPPLEMENTAL APPLICATION FOR ALL SERVICE PROVIDERS
(Contracted, Non-Contracted, Individual)**

BACKGROUND INFORMATION

1. Date _____ Information Completed by _____

2. Name of Agency _____ Federal ID/Social Security #: _____

a. Agency Address _____

b. Billing Address _____

c. Telephone # _____ Fax # _____

d. E-mail address: _____

3. Are you currently a qualified provider? _____ YES _____ NO

If yes, what services are you currently qualified to provide?

___ Individual Supports ___ Respite ___ Camp ___ Hotel Respite ___ Habilitation

___ Supported Employment ___ Employment Specialist ___ Transportation

___ Individual Specialized Instruction ___ Group Individual Supports

a. 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 ___

b. Service Locations: (check all that apply)

___ Consumer's Home

___ Community Location

___ Agency Site

4. Has your or your agency's name, mailing address, billing address or telephone number changed since you were last qualified. YES NO If yes, please provide updated information:

Name Mailing Address Billing Address Telephone #

5. What additional service(s) would you or your agency like to provide?

Individual Supports Respite Camp Hotel Respite Habilitation
 Supported Employment Employment Specialist Transportation
 Individual/Group Specialized Instruction Group Individual Supports

STANDARDS

6. Are these additional agency programs/services required to have a license, certification, accreditation or approval by an outside agency?

Type of Program	Requirement	Term	Issued By

(Copies of licenses, certifications, accreditations or approval letters must be submitted to DDD as part of this application)

7. Are the above indicated licenses, certifications, accreditations, or approvals currently valid? YES NO If, no why? _____

8. If you or your agency is not regulated by any outside entity, and/or if you or your agency has never provided this type of service, and/or if you or your agency has never provided this type of service to the identified target population(s), what qualifies you to provide this additional service(s)? Please include a Service Delivery Plan explaining how services are going to be administered and the qualifications of your staff that are going to be providing this service(s).

9. Type of Criminal Background Checks Conducted?

State Local Federal None

10. What type of experience do you or your agency have providing this service(s) to individuals with developmental disabilities? _____

_____ # of Years _____

11. Do you or your agency wish to provide transportation services? ___ Yes ___ No

If yes, please answer the following questions:

- a. Do all your vehicles have a current New Jersey registration? ___ Yes ___ No
- b. Do all your vehicles have a current New Jersey inspection sticker? ___ Yes ___ No
- c. Are all your vehicles covered by a current auto insurance policy? ___ Yes ___ No
- d. Do all your drivers have a current New Jersey license? ___ Yes ___ No
- e. If applicable, do your drivers have a current New Jersey CDL license? ___ Yes ___ No (If yes, copy of CDL license is required)
- f. Do all your drivers have a driver history abstract completed within the last year? ___ Yes ___ No
- g. 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.