SECTION V: FORMS

All forms listed in the Section are required to be submitted for consideration of an application.

- Application Cover Sheet (Form A)
- Contractor's Tax Identification Information (Form B)
- Provider Qualifications (Form C)
- Consent for Criminal Records Check (Form D)
- Questionnaire and Other Required Information (Form E)
- Fee-for-Service Rates (Form F)
- Insurance Requirements (Exhibit A)
- Checklist

FORM A
STATE OF OREGON
OREGON YOUTH AUTHORITY
COMMUNITY TREATMENT SERVICES APPLICATION
COVER SHEET

The State of Oregon, acting by and through its Oregon Youth Authority (OYA), referred to herein as the Agency, issues this Application for Community Treatment Services to youth offenders.

Refer to the respective question number on all additional pages used for your application. When possible, use the application form. Check your application carefully to make sure you have submitted all required information. Incomplete applications may be disqualified.

1. Applicant's Name (if applying as a business, use registered business name):

   _____

2. Primary Contact Person: _____ Title: _____

3. Address where services will be provided:

   _____

   City, State, Zip: _____

4. Mailing Address (if different than above):

   _____

   City, State, Zip: _____

5. Telephone #:_____Fax#:_____

6. E-mail Address:_____

7. Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result:

   Name: _____Title:_____

8. Applying to provide the following services:

   ☐ General Therapy
   ☐ Sex Offender Treatment
   ☐ Alcohol and Drug Treatment

9. Statement of acceptance of the terms and conditions contained in the Application:
   I hereby acknowledge and agree that I have read and understand all the terms and conditions contained in the Application.
   I hereby agree to use recyclable products to the maximum extent economically feasible in the performance of the work set forth in this Application.
   I have not and will not discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, woman, or emerging small business enterprise certified under ORS 200.055.
   I certify that the information I have provided is correct. I understand that any misrepresentations or incorrect information provided to OYA can result in disqualification of my application.

Authorized Signature:_____Date:_____

Printed Name: _____

FORM B

Contractors' Tax Identification Information

The State of Oregon requires Contractors to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable. If you are eligible to receive a 1099 form, Oregon must report this information to the Internal Revenue Service (IRS). Contractors must keep this information current at all times. Contractor is required to notify the State of Oregon contract administrator within 10 business days if this information changes.

Contractor Tax Identification Information. Contractor shall provide Contractor's Social Security number OR Contractor's federal tax ID number.

Name (tax filing): _____

Address: _____

Federal Tax ID#: _____ OR

SSN#: _____-_____-_____

The State of Oregon reserves the right to ask your firm to provide this information again at any time through the term of the Contract.

Female-Owned Business? ☐Yes ☐No **OMWESB Certified?** ☐Yes ☐No

Minority-Owned Business? ☐Yes ☐No **Number:** _____

To become certified, go to the OMWESB website at http://www.oregon.gov/OBDD/OMWESB/.

FORM C
PROVIDER QUALIFICATIONS

Please complete Form C for each therapist/counselor who will be providing direct services to OYA youth. Please attach a current resume.

Name: _____

Service (General Therapy, Sex Offender Treatment, Alcohol & Drug Treatment):

_____

Experience

Please list the months, years you have provided services to delinquent adolescents in accordance with this Application:

_____ YEARS _____ MONTHS

Education
Providers must have a degree from an accredited university (by an accrediting body recognized by the U.S. Department of Education or the Oregon Office of Degree Authorization) in a professional discipline qualifying one to provide therapy or counseling (e.g., psychology, psychiatry, social work, family counseling, etc.). **Please attach a copy of the diploma or an official transcript only.**

EDUCATION (identify highest qualification):

☐ Doctoral Degree _____ Discipline (Field)
☐ Master's Degree _____ Discipline (Field)
☐ Bachelor's Degree _____ Discipline (Field)
Name of University _____

Professional license by a relevant Oregon licensing board to provide clinical evaluations, therapy or counseling. The Agency may request further information and request interviews before offering a contract. Be advised, professionals must be licensed in Oregon to provide services in Oregon. **Please attach a copy of your license and/or certification.**

Professional License: ☐ YES ☐ NO

If yes, discipline:_____ License No.:_____

Sex Offender Treatment Board Certification: ☐ YES—Certification Number:_____ ☐ NO

Persons who provide sex offender treatment services for OYA youth must have training and experience in risk assessments related to juvenile sex offending behavior, preferably the ERASOR, as part of the overall assessment and treatment process. You will need to provide documentation that you meet this standard. Depending on the type of risk assessment training you report, you may be required to attend the next scheduled risk assessment training provided by OYA.

ERASOR Training Completed: ☐ YES ☐ NO Other Training: _____

Alcohol and Drug Treatment Certification: ☐ YES—Certification Number:_____ ☐ NO

Persons who provide alcohol and drug treatment services for OYA youth and have a CADC II but not a mental health license must be receiving supervision from a CADC III. You will need to provide documentation that you currently receive supervision at least twice a month.

Receiving Supervision from a CADC III: ☐ YES ☐ NO

DHS/OHA Certified Providers DMAP Number: ☐ YES---Certification Number:_____ ☐ NO

FORM D

YOUTH OFFENDER CONTRACTED PROVIDERS CONSENT FOR CRIMINAL RECORDS CHECK

State of Oregon
OREGON YOUTH AUTHORITY

The mission of the Oregon Youth Authority (OYA) is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments. In keeping with these values, the OYA will conduct a criminal record check per OAR 416, Division 800. By your signature, you authorize OYA to obtain information about you from the Oregon State Police, the FBI and other law enforcement agencies, courts and record sources. Information obtained about an individual is confidential. An individual who refuses to consent to a criminal records/background check shall be disqualified from providing services.

Please PRINT all information clearly

Name (last, first, middle): _____

Gender: ☐ M ☐ F Social Security Number: _____ Date of Birth: _____

Business Address: (including Office Number or Suite Number) City State Zip Code

Mailing Address: (including Office Number or Suite Number) City State Zip Code

List ALL other name(s) used: (maiden, previous married name(s), aliases, legal name change, assumed names)

WARNING: Falsely responding to or omitting information in answer to the questions listed below, will disqualify your application.

1. Have you ever held residence (lived) in any state other than Oregon or any other country? Yes ☐ No ☐
If **Yes**, please list all other states and/or countries by their name:

2. Have you ever been arrested for, convicted of, or adjudicated on any crime(s)? Yes ☐ No ☐
If yes, use a separate sheet of paper to list the crime(s) and describe the circumstances by which you were arrested, convicted, and/or adjudicated, and provide any information you have to help us understand why you believe your previous criminal activities will not adversely impact your ability to provide youth offender treatment services for OYA. The explanation sheet(s) must be attached to this consent form, or it will **NOT** be processed.

***** APPLICANT'S SIGNATURE <u>REQUESTED:</u>**

The Oregon Youth Authority requests that you voluntarily provide your social security number to this agency for use as an identification number for criminal record checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose social security number, you authorize OYA to disclose your social security number to others if such disclosure is necessary for the purpose stated above.

Applicant's Signature authorizing OYA's Use and Disclosure of Social Security Number

X _____
(Applicant Signature)

*****APPLICANT'S SIGNATURE <u>REQUIRED:</u> (Consent will not be processed without the applicant's signature)**

"I have reviewed and completed this form as applicable to me. I give permission for OYA to verify any and all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto, are true and accurate."

Applicant's Signature: X _____ **Date:** _____

For Contract Administrator and Contracts Unit Use Only
Staff person who should receive results:

For OYA Employee Services Use Only	
CRIMINAL RECORD STATUS	**(Date/Initial)**
REVIEWED	_____
Approved	_____
Denied	_____
REASON FOR DENIAL:	
Prepared by: _____	_____
Name & Signature	**Date**

DISTRIBUTION: ORIGINAL – Human Resources, MAKE COPY – Applicant
REF: ORS Chapter 279; ORS 420A.010; ORS 420A.021; OAR 416-800
Restricted Information

FORM E
QUESTIONNAIRE AND OTHER REQUIRED INFORMATION

Please complete Form E for each therapist/counselor who will be providing direct services to OYA youth.

Name: _____

1. Indicate the gender of youth for which you are applying to provide services:

   ☐ Male
   ☐ Female
   ☐ Both

2. Age preference:

   ☐ 12 – 14
   ☐ 15 – 17
   ☐ 18 and up
   ☐ no preference

3. Offenders often have multiple treatment issues and it is the intent of the OYA that offenders are matched with contractors who best meet their needs. Identify the treatment areas below in which you feel you have particular experience and expertise so that parole/probation officers may locate issue-specific providers.

Adoption Disruption		HIV/AIDS Issues	
Alcohol & Drug		Mental Health/Emotional Disorders	
Anger Management		Physical Abuse/Neglect/Victimization	
Behavior Management		Pregnant/Parenting Teens	
Community Reintegration		Self-destructive Behavior (self endangering, self harm, suicidal behavior)	
Crisis Intervention		Sex Abuse Victimization	
Domestic Violence		Sex Offending	
Eating Disorders		Social Skills Deficits	
Fire Setting		Violence and Aggression	
Gang Affiliation		Other: (specify)	

Cultural Competency

Cultural competency is defined as behaviors, attitudes and policies that enable providers to deliver services in ways that meet the needs of the minority youth population (culture, language, gender, etc.). In order to be culturally competent, one must understand the differences between issues of gender, ethnicity, culture, and national origin.

Culture: the set of attitudes, values, beliefs, and behaviors shared by a group of people and communicated from one generation to the next. Spiritual values, family values, educational values, clothing, language and attitudes about things like gender roles are included in the issue of culture.

Culture can vary between similar ethnic groups, depending on the national origin of the person. Just because a person is identified as “Hispanic” does not mean that all the cultural values are the same as

someone else who is identified as “Hispanic”. Middle Eastern and Asian cultures can vary significantly with regard to cultural norms. African-American cultures can vary significantly as well.

Ethnicity: the common cultural heritage shared by a group of people. Language, social practices, and genetic racial identity are included in the term ‘ethnicity’. Ethnicity has a lot to do with a person’s self concept.

4. Describe the approaches, models, or “best practices” you employ when working with minority youth offenders. Provide samples of any assessments, skill-building plans, objectives, or any other relevant program material.

5. How do these services vary if you are providing services to similar ethnic groups with differing cultural norms?

6. If you have not served ethnic minority populations, describe the steps you plan to take toward becoming more culturally competent in order to effectively serve OYA youth.

7. Describe your experience, if any, with youth who are disabled.

8. Indicate if you are applying to provide culturally specific services for these population groups:

- ☐ Gay/Lesbian/Bisexual
- ☐ Hispanic/Latino
- ☐ African American
- ☐ Asian or Pacific Islander
- ☐ Caucasian
- ☐ Native American
- ☐ Other (specify_____)

9. Are you bilingual or multilingual?

- ☐ Yes (specify languages_____)
- ☐ No

10. Describe your level of proficiency in languages other than English, in terms of speaking, writing, understanding, and/or interpreting. Be specific with the language(s) and your level of proficiency with each.

11. OYA endorses and has implemented the following evidence-based curriculum:

Aggression Replacement Training (ART)	Treatment for Youth with Inappropriate or Dangerous Use of Fire
What Got Me Here (Pre Core Cog)	Street S.M.A.R.T.S.
Changing Offender Behavior 1-10 (Core Cognitive/Behavioral Curriculum)	Social Skills (Boys Town Curriculum)
Changing Offender Behavior 11-20 (Core Cognitive/Behavioral Curriculum)	Dialectical Behavioral Training
Skillstreaming the Adolescent	MET5/CBT7-Cannabis Youth Treatment Program (Core AOD Curriculum)
The Change Company-Responsible Thinking	Coping with Depression
Pathways to Self-Discovery and Change	Core Sex Offender Treatment
Thinking for a Change	Seeking Safety

Identify any/all services you provide which are evidence-based. Be specific with regard to models, curricula, and/or programs used. Explain why you selected these services, and how you have found them to be effective in reducing criminal behavior with the youth you have served. Are there other evidence based practices that you are interested in incorporating? Why?

12. OYA staff may search for you on the computer by nicknames, company names, acronyms, etc. List all names or formats that you may be known by other than your legal name or entity.

13. Describe how you measure both short and long-term goals and objectives for youth.

14. Describe your philosophy and approach to providing appropriate services to criminally affected youth and families.

15. Describe specific experience you have had working in a multidisciplinary environment of professionals. Include your role as part of an integrated team.

16. Describe how you envision coordinating services with other community providers, resources, and OYA Parole/Probation staff and/or OYA Transition Specialists to assure appropriate continuity of care.

17. All OYA youth/client treatment records must be kept in a locked cabinet in a safe and secure environment. Describe how and where you secure confidential records.

18. Disclosure of information is protected in accordance with federal and state laws unless authorized by a parent or guardian on an appropriate release of information form (in accordance with ORS 125.305, 419B.370, 419C481 or 419C.555.) How is such information protected by you or your organization?

19. Describe the geographical features of your office if the services you are offering to provide will be program or office based. Include the neighborhood, bus-line availability, disabled access, and anything else that is relevant to how clients will be able to gain access to your services. Give directions or attach a map.

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE GENERAL THERAPY SERVICES

1) Describe the training, education, and/or experience you have which qualifies you to provide general therapy services. Be specific with regard to your experience in providing services to juvenile offenders, including the population served and the location of service provision. If your experience is not with juvenile offenders, describe the population you have experience in serving.

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE SEX OFFENDER TREATMENT SERVICES:

1) Applicants must have the education and clinical expertise relevant to the treatment of sexual deviance. Describe your experience working specifically with adjudicated juvenile sex offenders, including the population served and the location of service provision. If your experience is not with adjudicated juvenile sex offenders, describe the population you have experience in serving.

2) Provide information pertaining to your experience with risk assessments related to juvenile sex offending behavior, specifically the ERASOR, if applicable, and how you utilize assessments in formulating services.

3) What is your view of the use of polygraphs in the provision of sex offender treatment services?

SUPPLEMENTAL QUESTIONS FOR PERSONS APPLYING TO PROVIDE ALCOHOL AND DRUG TREATMENT SERVICES:

1) Describe the training, education, and/or experience you have which qualifies you to provide alcohol and drug treatment services. Be specific with regard to your experience in providing services to juvenile offenders, including the population served and the location of service provision. If your experience is not with juvenile offenders, describe the population you have experience in serving.

2) Describe your formal training in adolescent development and family counseling.

3) Describe your approach to providing gender and culturally appropriate alcohol and other drug abuse treatment to adolescents.

4) Describe your experience with integrated treatment services for youth with co-occurring substance abuse and mental health disorders. How would you ensure the coordinated provision of treatment for co-occurring mental health conditions?

SUPPLEMENTAL INFORMATION REQUIRED FOR ALL PROVIDERS

1) Form C – Provider Qualifications must be completed for each therapist/counselor providing direct services to OYA youth
2) Copy of a diploma or an official transcript for each therapist/counselor providing direct services to OYA youth
3) Copy of professional license and/or certification for each therapist/counselor providing direct services to OYA youth who do not work for a DHS/OHA certified provider
4) Current resume for each therapist/counselor providing direct services to OYA youth
5) For each therapist/counselor, provide three (3) references who can speak to your experience and skill at providing the services you have applied to provide in this application. Two of these references should be professional in nature, i.e., someone who supervised you while you were providing these services. You may attach letters of reference, which include telephone numbers for OYA to contact the references if follow up information is needed.
6) Include documentation of continuing education for each therapist/counselor providing direct services to OYA youth, as identified in the relevant section of the application. Copies of the relevant training certificates must accompany this application, a list of classes attended is not sufficient. Certificates must contain trainee's name, date(s) of training, number of CEUs, the workshop title with the speaker name(s) and/or sponsor(s), and a signature of the presenter or sponsor representative of the training.
7) Documentation of risk assessments related to juvenile sex offending behavior, preferably the ERASOR for each therapist/counselor providing direct sex offender treatment services to OYA youth.
8) Documentation showing currently receive supervision at least twice a month for each therapist/counselor who has a CADC II but not a mental health license who is providing alcohol and drug treatment services to OYA youth
9) Form D - Criminal Records Check must be completed for every person who will be providing direct services to OYA youth.
10) Insurance Certificate that meets the requirements outlined in Exhibit A.

Applying as a non-profit agency, business, corporation or governmental entity

Additional information needed:

- Attach a description of your agency or business.
- Include your philosophical overview.

FORM F
FEE-FOR-SERVICE RATES

The Agency shall not pay the Contractor for the shown to the right services at rates higher than those identified on the published OYA rate schedule, which can be found at http://www.oregon.gov/oya/Pages/contracts.aspx.

The Contractor agrees that the rates charged to the Agency for services to OYA youth shall not exceed the Contractor's normal and customary rates for comparable services to the public. If your normal and customary rates for the services shown to the right below are **LOWER THAN** the published rates, please indicate those rates below.

Assessment	
Psycho-diagnostic Interview by a psychologist or psychiatrist (without testing) *(including report and interpretation)* ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour (2 hour max) $140.94
Psychological Testing by a psychologist--testing *(including report and interpretation)* ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour (6 hour max) $91.19
Neuropsychological Testing by a psychologist or psychiatrist Psycho-diagnostic interview or psychological testing coded separately ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour (3 hour max) $67.52
Special Assessments (e.g., psychosexual, fire setter, alcohol and drug, mental health evaluations) ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour 8 hour max) $98.11
Therapy—individual client or family	
Individual Therapy ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $98.11
Family Therapy ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $98.11
Group Therapy—multiple clients or families	
Group Therapy ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $35.13
Multifamily Treatment Group ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $37.38

Additional Services	
Consultation/Treatment Meetings ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $62.94
Special Reports (i.e., court reports, special incident evaluations requiring new recommendations, referrals for other services) ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Hour $95.43
Urinalysis ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/hour**	Each $11.48
Travel	
Mileage* (needs pre-approval from Contract Administrator) ☐ **I do not provide this service** ☐ **I accept the OYA published rate as shown to the right** ☐ **My usual and customary rate is lower than the OYA rate, use my rate for this service--$_____/mile**	Mile GSA Travel Rates

I agree to be paid at the rates I have indicated above, or at OYA rates, whichever is lower.

Authorized Signature:_____Date:_____

Printed Name: _____

Exhibit A
INSURANCE REQUIREMENTS

As evidence of the insurance coverages required by this Contract, the Contractor shall furnish acceptable insurance certificates to Agency prior to commencing the work.

During the term of this Contract Contractor shall maintain in force at its own expense, each insurance noted below:
(Agency must check boxes for #2, #3, & #4 as to whether insurance is required or not.)

1. ☒ Required by Agency of contractors with one or more workers, as defined by ORS 656.027.

Workers' Compensation. All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Employers Liability insurance with coverage limits of not less than $500,000 must be included. Contractor shall require and ensure that each of its subcontractors complies with these requirements.

2. ☒ Required by Agency ☐ Not required by Agency.

Professional Liability. Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor shall provide proof of insurance of not less than the following amounts as determined by the Agency:

☒ $1,000,000 Per occurrence limit for any single claimant

3. ☒Required by Agency ☐ Not required by Agency.

Commercial General Liability. Commercial General Liability Insurance covering bodily injury, death, and property damage in a form and with coverages that are satisfactory to the State. This insurance shall include personal injury liability, products, and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance of not less than the following amounts as determined by the Agency:

Bodily Injury/Death:
☒ $1,000,000 Per occurrence limit for any single claimant

Property Damage:
☒ $100,000 Per occurrence limit for any single claimant

4. ☒ *Required by Agency ☐ Not required by Agency. *Contractor shall not transport youth without the prior written consent of the Contract Administrator. Contractors who transport youth shall provide proof of automobile liability insurance as required in this Section 4 prior to providing services. Automobile Liability Insurance is not required for Contractors that do not transport youth.

Automobile Liability. This is to cover each accident for Bodily Injury and Property Damage, including coverage for owned, hired or non-owned vehicles, as applicable. Contractor shall provide proof of insurance of not less than the following amounts:

Bodily Injury/Death:
☒ $500,000 Per occurrence limit for any single claimant

Property Damage:
☒ $100,000 Per occurrence limit for any single claimant

5. "Tail" Coverage. If any of the required liability insurance is on a "claims made" basis, Contractor shall maintain either “tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous “claims made” coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of

i. Contractor's completion and Agency's acceptance of all Services required under this Contract, or,

ii. The expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to Agency, upon Agency's request, certification of the coverage required under this section 5.C.

6. **Certificates of Insurance.** Contractor shall provide to Agency Certificate(s) of Insurance for Professional Liability Insurance and Commercial General Liability Insurance before delivering any Goods and performing any Services required under this Contract. The Certificate(s) must specify all entities and individuals who are endorsed on the policy as Additional Insured (or Loss Payees). Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any. **The Contractor shall immediately notify the Oregon Youth Authority of any change in insurance coverage.**

7. **Additional Insured.** If the total amount payable under the Contract is greater than $15,000.00, the Commercial General Liability and Automobile Liability insurance coverages required under this Contract shall include the State of Oregon, and its agencies, departments, divisions, commissions, branches, officers, employees, and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

CHECKLIST

ALL Providers:

- ❑ Form A: Application Cover Sheet
- ❑ Form B: Contractor's Tax Identification Information
- ❑ Form C: Provider Qualifications for each therapist/counselor
- ❑ Form D: Consent for Criminal Records Check for each therapist/counselor
- ❑ Form E: Questionnaire and Other Required Information for each therapist/counselor
- ❑ Form F: Fee-For-Service Rates
- ❑ Copy of a diploma or an official transcript for each therapist/counselor
- ❑ Copy of professional license and/or certification for each therapist/counselor
- ❑ Continuing education documentation for each therapist/counselor
- ❑ Current resume for each therapist/counselor
- ❑ Three references for each therapist/counselor
- ❑ Certificate(s) of Insurance

If applying as a non-profit agency, business, corporation or governmental entity, in addition include:

- ❑ Description of your agency or business, including mission statement
- ❑ Philosophical overview

If applying as a DHS/OHA certified provider:

- ❑ DMAP Number

General Therapy Providers:

- ❑ Supplemental Questions

Sex Offender Treatment Providers:

- ❑ Supplemental Questions
- ❑ Documentation of training in risk assessments related to juvenile sex offending behavior, preferably the ERASOR for each counselor/therapist

Alcohol and Drug Treatment Providers:

- ❑ Supplemental Questions
- ❑ Documentation showing currently receive supervision at least twice a month for each counselor/therapist who has a CADC II but not a mental health license

- ❑ One (1) original and one (1) photocopy of the application forms and documentation

Please only submit the documentation listed on the above checklist. There is no need to send in a copy of the instructions and other information on the first 16 pages of the application.

Incomplete Applications

The provider is responsible for all information contained in this application. Please read all information and instructions carefully before submitting your application. Incomplete applications will be delayed, and may be disqualified or returned as incomplete.