



A NON-PROFIT SERVING VOLUSIA SENIORS

Vendor/Subcontractor Application

Vendor/Subcontractor Name _____

Vendor/Subcontractor Company Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Contact Telephone _____ Contact FAX _____

Contact Email Address _____

Mailing Address (if different from physical address above)

Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____

Federal Tax ID Number _____

If Minority Business, check appropriate response:

- African American
- Asian American
- Hispanic American
- Native American
- American Woman

Indicate services you can provide by checking the appropriate responses below:

- Adult Companion Services
- Adult Day Care
- Homemaker Services
- Respite Care Services (Facility)
- Personal Care
- Instructional Classes
- Respite Care Services (In-Home)
- Other (please specify) _____

Indicate Hours of Operation-please check all that apply:

- Monday – Hours _____

- Tuesday – Hours _____
- Wednesday – Hours _____
- Thursday – Hours _____
- Friday – Hours _____
- Saturday – Hours _____

REQUIRED QUESTIONS FOR SUBCONTRACTORS ONLY (Please answer all questions and provide explanation for affirmative responses)

Failure to check an answer or provide explanations will result in delay of application processing.

1. Has the license to do business in any applicable jurisdiction ever been denied, restricted, suspended, reduced or not renewed?

- YES NO N/A

2. Has the business been denied participation, suspended from or denied renewal from Medicare or Medicaid?

- YES NO N/A

3. Has business ever had its professional liability coverage cancelled but not renewed?

- YES NO N/A

4. Has the business been denied accreditation by its selected accrediting body (e.g. JCAHO), or had its accreditation status reduced, suspended, revoked or in any way revised by the accrediting body?

- YES NO N/A

5. If you are an Assisted Living Facility, has your Florida licensing agent approved you to provide Adult Day Care Services? If yes, please include a copy of the letter provided showing that you are approved. Without the letter, we will not be able to include this service in your contract.

- YES NO N/A

PROVIDER ATTESTATION OF APPLICATION

Component Attestation/Consent & Release Form

*ANY ALTERATION OR FAILURE TO SIGN AND DATE THIS FORM WILL RESULT IN DELAY
PROCESSING THIS APPLICATION*

By signing below, I attest that I am the duly authorized representative of the Component, that all information on the Application pertains to the above-named Component, and that such information is current, complete and correct.

Your signature is required to complete this application. Stamped signatures are NOT acceptable.

I, _____ (name of person completing this form) attest that all credentialing requirements have been met.

Signature _____

Title: _____

Date _____

Required documentation to be submitted with this application (Subcontractors):

- **W-9**
- **Occupational License and Business Tax Receipt**
- **Completed Level II Background Screening (COA)**
 - **Please contact Cheryl Shaw, Director of HR by calling (386) 253-4700 X 233 or emailing cshaw@coavolusia.org to make an appointment**
Cost: \$65.00
- **Proof of Liability Insurance**
- **Proof of Worker's Compensation for all personnel including direct service personnel or contractors**
- **Three business references**
- **Current AHCA License, if applicable**
- **Accreditation Certificates, if applicable**
- **Copy of most recent AHCA Survey, if applicable**

Required documentation to be submitted with this application

(Vendors):

- **W-9**
- **Occupational License and Business Tax Receipt**
- **Completed Level I Background Screening (COA)**
 - **Please contact Cheryl Shaw, Director of HR by calling (386) 253-4700 X 233 or emailing cshaw@coavolusia.org to make an appointment**
Cost: \$25.00
- **Proof of liability Insurance**
- **List of any fees to be charged**
- **Copy/narrative of any presentations, if applicable**
- **Certifications/licenses held by presenter, if applicable**
- **Copies of educational materials to be provided, if applicable**

Application reviewed by: _____ Date: _____

Application approved by: _____ Date: _____