

## DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES CERTIFICATION APPLICATION

In accordance with Department of Human Services/Division of Services for People with Disabilities Policy #705.0, application is made to the Division for issuance of a Registration Certificate.

The purpose of certification is to authorize a public, or private agency or individual to provide services for the Department of Human Services. The certification indicates that the governing body of the program has provided assurance that services shall be provided in accordance with Division policies and/or rules.

**PROVIDER NAME:**

\_\_\_\_\_

1. We will abide by the terms and conditions of the Division policies and procedures. We will ensure documentation that training requirements of Division are met.
2. We will submit Release of Information for Bureau of Criminal Investigation Screen to the Regional Division of Services for People with Disabilities office when the employee is dealing with children.
3. We will permit representatives of the Division and their authorized agents to conduct on-site reviews, announced or unannounced, of the physical facility, program operation, individual records, and to interview staff and recipients to determine policy compliance.
4. We will have a Medicaid application on file.

Check the specific program area for which certification is being requested.

- |  |  |
|--|--|
| <input type="checkbox"/> Mini-group home (3 or less) | <input type="checkbox"/> Supervised apartments           |
| <input type="checkbox"/> Supported Living            | <input type="checkbox"/> Family Support-Provider managed |
| <input type="checkbox"/> Supported Employment        | <input type="checkbox"/> Respite                         |
| <input type="checkbox"/> Day Training non-site Based | <input type="checkbox"/> Other _____                     |

\_\_\_\_\_  
Signature of Applicant

PROGRAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE AND ZIP: \_\_\_\_\_

\_\_\_\_\_  
Date

PHONE: \_\_\_\_\_

ON RENEWALS, IF AN APARTMENT HAS BEEN CLOSED, PLEASE PLACE A LINE THROUGH THE NUMBER AND INDICATE DATE CLOSED. IF AN APARTMENT HAS BEEN ADDED, PLEASE GIVE NUMBER AND INDICATE DATE OPENED