



# INVITATION TO SUBMIT OFFER TO PROVIDE SERVICES

Form 1-6

**Division of Services for People with Disabilities to provide all services described.**

<b>PERSON SEEKING PROVIDER SERVICES</b> First Name:	<b>ID #</b>	O							
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**SECTION II: PROVIDER DECLARATION OF INTEREST** *(To be completed by provider agency)*

<b>Provider Agency Name:</b>	
<b>Mailing Address:</b>	<b>City</b>
<b>State</b>	
<b>Zip</b>	
<b>Street Address:</b> <i>(if different than mailing address listed above)</i>	
<b>Name of Provider Contact:</b>	
<b>Daytime Phone Number:</b>	<b>E-mail Address:</b>
<p><b>Type of support to be provided:</b> <i>(check all that apply)</i></p> <p> <input type="checkbox"/> day    <input type="checkbox"/> family support/respite    <input type="checkbox"/> self-care  <input type="checkbox"/> supervised living    <input type="checkbox"/> supported living    <input type="checkbox"/> supported employment    <input type="checkbox"/> self-directed    <input type="checkbox"/> senior day  <input type="checkbox"/> chore/homemaker    <input type="checkbox"/> housing coordination    <input type="checkbox"/> brain injury    <input type="checkbox"/> personal assistance    <input type="checkbox"/> specialized  <input type="checkbox"/> special health care    <input type="checkbox"/> assistive devices    <input type="checkbox"/> behavioral support    <input type="checkbox"/> independent living skills  <input type="checkbox"/> community access and participation    <input type="checkbox"/> money management    <input type="checkbox"/> transportation    <input type="checkbox"/> guardianship  <input type="checkbox"/> safety    <input type="checkbox"/> money management    <input type="checkbox"/> other <i>(please detail below)</i> </p>	
<b>Services to be provided in:</b> <input type="checkbox"/> Established program <input type="checkbox"/> New program <b>starting:</b> <u>    </u> / <u>    </u> / <u>    </u> <div style="text-align: right; margin-left: 100px;">MM    DD    YY</div>	
<b>Provided at: Street Address</b>	<b>City</b>
<b>Brief Description of Intended Program:</b>	

**SECTION III: PROVIDER SELECTION** *(To be completed by support coordinator or contact person)*

<b>Date Declaration was Received:</b>  <div style="text-align: center; margin-top: 10px;"> <u>    </u> / <u>    </u> / <u>    </u>  MM    DD    YY </div>	<b>Follow up and Informed Choice Actions Taken:</b> <input type="checkbox"/> site visit <input type="checkbox"/> provider presentation <input type="checkbox"/> trial period in provider program <input type="checkbox"/> other <i>(please detail)</i>
<b>Provider Selected by Person and/or Guardian?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Reasons for Selection:</b>