



Cowlitz County Health & Human Services Departments

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Board of County Commissioners

Arne Mortensen	District 1
Dennis Weber	District 2
Joe Gardner	District 3

Evaluation of Request to be Added to the Cowlitz County Developmental Disabilities Program Qualified Provider List

Name of Requesting Provider Agency	
Address of	
Date Contacted	
Name Provider Staff Contacted	
Name of CCHHS Program Manager	

Provider Qualifications for Adult Employment and Day Program Services (As defined in Department of Social & Health Services, Developmental Disabilities Administration Policy 6.13)		
	Minimum Qualification	Meets (Y) Does Not Meet (N) Not Applicable (N/A)
1	The name and contact information of the agency	
2	A list of adult employment or day program services the agency offers	
3	A list of the child development services the agency offers – such as specialized instruction, occupational therapy, physical therapy, audiology, and speech, hearing, and language services	
4	Evidence, as requested by DDA or the county, of how the provider meets qualifications under this policy	
5	A copy of the agency's organization chart	
6	Job descriptions for each position within the agency	
7	A copy of the agency's business license	
8	The name of the agency's signature authority	
9	A copy of the agency's insurance certificate	
10	The agency's debarment certification statement	
11	Evidence that shows the agency has a credit line or cash reserves that enable the agency to provide services for at least two months	
12	A projected budget for one year of services	
COMMENTS:		

Provider Qualifications for Individualized Technical Assistance (As defined in Department of Social & Health Services, Developmental Disabilities Administration Policy 6.21)		
	Minimum Qualification	Meets (Y) Does Not Meet (N) Not Applicable (N/A)
1	Proof of criminal history background clearance in accordance with RCW 43.43.830 through 845 and RCW 74.15.030. Background checks are required in situations where there may be unsupervised contact with the client. DDA requires the DSHS Background Check Central Unit (BCCU) be used to obtain background clearances.	
2	Exhibit ability, education, and/or experience to successfully develop and implement a plan for providing technical assistance that assists in removing any identified barrier(s) to employment or community participation.	
3	Provide proof of the following:	
3a	Business license	
3b	Professional certification or credentialing as applicable	
3c	Insurance certificate	
3d	Debarment certification statement	
4	Provide proof of training or have confirmed knowledge of the following areas and administration policies as applicable:	
4a	Client confidentiality	
4b	DDA Policy 5.06, Client Rights	
4c	DDA Policy 6.08, Mandatory Reporting Requirements Services Providers	
COMMENTS:		

Approval/Non-Approval of Qualifications			
			Meets (Y) Does Not Meet (N) Not Applicable (N/A)
Qualifications Met for Adult Employment/Day Program Services			
Qualifications Met for Individualized Technical Assistance (ITA)			
Evaluator Name		Date Evaluated	
Signature of Evaluator			