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**Georgia Department of Family & Children Services**

**System of Care Unit**

**Support Services Contract APPLICATION FY15**

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| Organizations will find it useful to review the Division’s Support Services Assessment Standards that are available online (<http://dfcs.dhs.georgia.gov/ccfa>). Included in the Standards are the service definitions, provider standards and applicable policies and procedures.  |
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| My agency is submitting an enrollment application for: [ ]  CCFA/WA (Assessment and Wrap-Around Services) [ ]  CCFA (Assessments only) [ ]  Wrap-Around (Wrap Only)[ ]  Early Intervention [ ]  Homestead [ ]  Parent Aide [ ]  PUP |
| 1. Contact Person Name: |       |
| 2. Contact’s Title/Position: |       |
| 3. Agency Name: |       |
| 4. Agency DBA:  |       |
| 5. Agency Status (Select ALL that Apply):[ ]  For Profit [ ]  Non-Profit[ ]  Independent contractor[ ]  Community Service Board (CSB) |  |
| 6. Agency Address (Physical Location): |       |
| 7. Agency Address (Mailing): |       |
| 8. Agency Phone:  |       |
| 9. Agency Fax: |       |
| 10. Agency Email address: |       |
| 11. Agency Website Address: |       |
| 12. Is your agency a new Support Service Provider?  If No, How many years have you provided Support Services? Please indicate what services you have previously provided? Click here to enter text. | [ ]  Yes [ ]  No      |
| 13. Is your agency or any member of your staff currently a Medicaid approved provider? | [ ]  Yes [ ]  No |
| 14. Is your agency or any member of your staff currently trained on the utilization of Trauma Assessment services? | [ ]  Yes [ ]  No |
| 15. Does your agency or any member of your staff offer bilingual services?If yes, list languages:     Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
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