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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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