

**SPOKANE COUNTY
COMMUNITY SERVICES DEPARTMENT
DEVELOPMENTAL DISABILITIES DIVISION**

APPLICANT CHECKLIST

ITEM	DESCRIPTION	CHECK
1	Cover letter	
2	Organizational Information Sheet	
3	Business license and incorporation status (Articles of Incorporation, by-laws)	
4	Evidence of fiscal stability <ul style="list-style-type: none"> i. Existing agencies must submit financial statements for the past two years or Department of Social and Health Services (DSHS) and/or federal audits, if required ii. Newly applying agencies must be able to show cash reserves or a current line of credit to provide services for no less than two months of services 	
5	Projected budget for one year of services	
6	Debarment Certification Statement or print out	
7	Proof of Liability Insurance Certification of a minimum of \$1,000,000 per occurrence and \$3,000,000 aggregate or statement of ability to obtain certification by insurance company.	
8	Statement of Intent to comply with: <ul style="list-style-type: none"> a. County-approved policies and procedures, including those involving individual rights, participant confidentiality, grievance/appeal rights, incident reporting b. OSHA and WISHA policies c. State Building Code Act compliance policies d. Uniform Fire Code compliance policies e. Applicable DDA policies f. Compliance with state and federal non-discrimination policy, Equal Opportunity Employer policy g. All other applicable state, federal, and local regulations 	
9	Current organizational chart and description of the agency's structure that clearly defines roles and responsibilities of staff and lines of authority.	
10	Job descriptions	
11	Resumes of key staff	
12	Applicable certifications/licenses, example CARF	

13	Copy of policies on keeping criminal background checks current for staff and regarding retaining or hiring staff persons, based on the information received through the criminal background check.	
14	Copy of policies that protect individual rights that include but are not limited to ensuring: <ul style="list-style-type: none"> a. Respectful staff to client interactions b. A person's right to be treated with dignity, respect, and free from abuse; c. A person's right to privacy; d. Safeguarding personal information. 	
15	Copy of Records Retention and Storage Policy	
16	Copy of Mandatory Policy and Procedure for Fraud and Abuse Prevention	
17	Copy of policies regarding staff training	
18	Copy of policies on serving persons in the DDA Community Protection program consistent with DSHS/DDA policy 15.03 (if serving or intending to serve Community Protection participants).	
19	Specific services for which your agency is requesting qualification <ul style="list-style-type: none"> a. Individual Supported Employment, b. Group Supported Employment, c. Community Access 	
20	Completed Adult Services Questions	
21	Copy of Completed Applicant Checklist	

Agency Name: _____

Completed By: _____