DEPARTMENT OF HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

ANNEX A RENEWAL FORM

**CONTRACT YEAR**       **TO**       **CONTRACT ID** #

|  |  |
| --- | --- |
| **AGENCY NAME** |  |

|  |  |
| --- | --- |
| **ADDRESS** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHONE** |  | **FAX** |  |

**FEDERAL ID #**

**NOT FOR PROFIT**  **PROFIT**  **RELIGIOUS NOT FOR PROFIT**  **LLC**

|  |  |  |
| --- | --- | --- |
| **AGENCY FISCAL YEAR:** |  | **TO** |

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| --- | --- | --- | --- |
| **EMERGENCY** | **CONTACT PERSON** |  | **TITLE** |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT** | **NUMBER(S)** |  |

**CHIEF EXECUTIVE OFFICER:**

|  |  |
| --- | --- |
| NAME | TITLE |

|  |  |  |
| --- | --- | --- |
| PHONE | FAX | E-MAIL |

**ANNEX A CONTACT PERSON:**

|  |  |
| --- | --- |
| NAME | TITLE |

|  |  |  |
| --- | --- | --- |
| PHONE | FAX | E-MAIL |

**PROGRAMS/SERVICES UNDER CONTRACT**:

Residential

Supported Employment/ Day Services

Family Support

Pre Service Training

Other Services/ Special Programs

***FOR DDD USE ONLY:***

DATE RECEIVED:

# ATTACHMENTS

**Check all applicable:**

### TABLE (S) OF ORGANIZATION

**JOB DESCRIPTION CERTIFICATION**

**PROGRAM DESCRIPTION CERTIFICATION**

**CONTRACTED LEVEL OF SERVICE CERTIFICATION**

The terms, descriptions, services and certifications set forth in this Annex A are accurate. By signing below, the agency certifies that it is in compliance with HIPAA, its employees have been trained for compliance with Danielle’s Law and regulations, and that its employees have had a state and federal background check within the last two (2) years. It is understood that once accepted by the Division this Annex A is part of the contract.

**Contract Year** **To** **Contract ID#**

**Agency Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Signature Title Date**

# CERTIFICATION

# JOB DESCRIPTIONS

## JOB DESCRIPTIONS

**YES**, since the last contract renewal all the Job Descriptions on file with the Division are current and no changes have been made since they were approved.

**NO**, *since the last contract renewal* *the Job Descriptions listed below have been revised and have been approved or have been submitted to the DDD Program Developer, Regional ATS Coordinator or Family Support Administrator as applicable.*

|  |  |  |
| --- | --- | --- |
| Old Title | Type of Change | Revision Date |
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Type of Change Key: **T**itle – **Q**ualifications – **D**uties – **S**upervision - **O**ther

##### **CERTIFICATION**

##### **PROGRAM DESCRIPTIONS**

##### **PROGRAM DESCRIPTIONS**

**YES,** since the last contract renewal all the Program Descriptions on file with the Division are current and no changes have been made since they were approved.

**NO**, *since the last contract renewal the Program Descriptions listed below have changed and have been approved or have been submitted to the appropriate DDD representative.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Program Name***  ***(Optional)*** | VID# | ***STATUS:*** **A= Approved** ***P = Submitted/***  ***Approval Pending*** | **TYPE OF CHANGE** Brief description | **Person submitted to** | **DATE****Revision Submitted or Approved** |
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**CERTIFICATION**

**CONTRACTED LEVEL OF SERVICE**

## *CONTRACTED LEVEL OF SERVICE*

**YES,** since the last approved contract action on file with the Division, all Contract Levels of Service on file are current and no changes have been made since they were approved.

**NO**, *since the last approved contract action on file with the Division, the Programs listed below have been revised and have been approved or have been submitted to DDD staff for review.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Program Name***  ***(Optional)*** | VID# | ***STATUS:*** **A= Approved** ***P = Submitted/***  ***Approval Pending*** | **LOS CHANGE** (Enter + or – change in Contracted LOS) | **DATE****Revision Was Submitted or Approved** |
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