

PROVIDER NAME: _____

WAIVER Document Verification:

FISCAL YEAR 2021-22 CONTRACT

DOCUMENTATION-*Required

Received	Forms
	Subcontractor Agreement
	Service Provider Information Form (Attachment A)
	Bid Agreement Form (Attachment A)
	Electronic Funds Transfer (EFT) _____ Voided Check _____ Direct Deposit Form
	Vendor View Enrollment Form
	W-9
	Purchase of Service Agreement (Attachment A)
	Accessibility Assurances and Service Standards (Attachment B)
	Subcontractor Enrollment Agreement (Attachment C)
	Subcontractor Assurance Agreement (Attachment D)
	Provider Agency Agreement (Attachment E)
	Provider Integrity Agreement
	Minimum Operating Standards (MOS) Acknowledgement
	OIG Attestation Form

ADDITIONAL DOCUMENTATION-*Required

Receive/Expiration Dates	Forms
	Proof of Unemployment Insurance (quarterly wage report can be used)
	Proof of General Liability/Hazard _____ Senior Services, Inc. listed as additional insured
	Proof of Automobile Liability Insurance (if providing transportation)
	Proof of Worker's Comp Insurance
	Proof of Property & Theft Coverage
	Fidelity Bonding (for staff handling cash for customers)
	Adult Foster Care/Home for the Aged License (if applicable)
	DME's _____ Board of Pharmacy license _____ MI Sales Tax license _____ Business License
	Provider Grievance Agreement Form
	Busniess Associate Agreement
	Notice of Privacy Practices/HIPAA Policy