



EMAIL

PROVIDER INQUIRY FORM

Please complete form and attach any additional information that may help in our evaluation of your services. Completion of this application does not guarantee a contract. Your information will be entered on a potential provider database and you will be contacted only if an RFP is issued in your service area or if there is an immediate need for your services.

Completed forms may be returned to: Washington County Community Services, ATTN: Contracts,
14949 62nd Street North, PO Box 30, Stillwater, Minnesota 55082-0030.

Legal Entity Name _____

D/B/A Name, if Applicable _____

Address _____

City/State _____ Zip _____ County _____

Telephone Number _____ Fax Number _____ Federal Tax ID# _____

Contact Person's Name _____ Title/Position _____

Telephone Number of Contact Person _____ Fax Number of Contact Person _____

E-mail Address _____ Website Address _____

Ownership Type: For Profit Non-Profit Public/Government

If contracted, Washington County requires statutory limits in Minnesota Statute 466.04 Commercial General Liability/Professional Liability, Automobile, and Workers' Compensation. Are you able to do this? Yes No

What is your geographic service area within Washington County? _____

Do you offer services specific to cultural groups? Yes No

If yes, please describe _____

Are you enrolled as a MN Health Care Programs (MHCP) provider with the MN Department of Human Services?

Yes No NPI # _____

Do you currently have an open contract with Washington County Yes No

If yes, which department and for what service(s)? _____

Do you have a contract with any other Minnesota counties or Managed Care Organizations? Yes No

If yes, please list? _____

Please attach all applicable licenses and registrations to document experience and/or qualifications.

Completed by (Please print): _____ Your Title: _____

Signature: _____ Date: _____

Please check all areas of service that you are interested in providing:

Chemical Dependency

Treatment Assessments

Other

Housing for Special Needs Populations

Assisted/Customized Living (for seniors)

Foster Care (for vulnerable and/or disabled adults)

Rule 8 Group Housing with Treatment (for youth/children)

Sober Housing (chemically dependent)

Other

Medical Assistance Waivered Services

CADI EW

BI AC

CAC DD

Consultant

Other:

Home Health Care

PCA Homemaking/Chore

Respite Skilled Nursing

Other

Auxiliary Services

Transportation

Interpreter/Translation Services

Supplies and/or Equipment

Accessibility Home and/or Vehicle Modifications

Other

Workforce Services

Dislocated Worker Services Employment Services (adult or youth)

Specialized Training Services Other

Other Community Based Services

Day programming for elderly/disabled adults

Mental health services for adults

Mental health services for children

In home family support services

Case management

Other

Explanation of Services