

Please fill out the following information about your agency and return with contract

Davis County Health Department -Senior Services Contract Cover Sheet

Agency Name _____

Agency Billing Address: _____ City _____ State _____ Zip _____
Billing Contact Person: _____ Billing email _____
Billing Phone # _____
Contract Contact Person _____ Email _____
Contract Return Address _____ Contract Phone # _____

Intake Contact Person: _____ Intake email _____
Intake Phone #: _____ Intake Fax #: _____

<p>For office use only: Rates: _____</p> <p>____ Adult Companion ____ Homemaker ____ Meals ____ PCA/CNA ____ Chore ____ Unskilled Respite ____ Skilled Respite ____ Facility Respite ____ RN ____ LPN ____ Budget Assist ____ Fiscal Agent ____ Adult Day Care ____ Transportation</p>	<p>PERS Mos. Monitor ____ land line ____ Cell _____ Mobile Unit ____ SIM _____ GPS ____ Extra Pendant _____ Pendant replacement</p> <p>PERS Install _____ ____ Med Dispenser Mos Monitoring ____ Med Dispenser Install ____ Fiscal Agent _____ ____ Durable Medical Equipment</p> <table style="width: 100%;"><tr><td>Does Contract have signatures?</td><td>Yes</td><td>No</td></tr><tr><td>Liability Insurance</td><td>Yes</td><td>No</td></tr><tr><td>Is W9 Included?</td><td>Yes</td><td>No</td></tr><tr><td>Is Business License Included or Professional license?</td><td>Yes</td><td>No</td></tr></table>	Does Contract have signatures?	Yes	No	Liability Insurance	Yes	No	Is W9 Included?	Yes	No	Is Business License Included or Professional license?	Yes	No
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