

**United HomeCare Subcontractor ITN Application Checklist for Phase 1**

SUBCONTRACTOR IDENTIFICATION	
Legal business name:	
Doing business as (if applicable):	
Contact person:	Email:
SUBCONTRACTOR TYPE (License & Services)	
<input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nurse Registry <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Caterer <input type="checkbox"/> Pest Control <input type="checkbox"/> Contractor <input type="checkbox"/> Medical Equipment & Supplies <input type="checkbox"/> Other: _____	
<b>Services provided:</b>	
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Home delivered meals (Frozen)
<input type="checkbox"/> Home delivered meals (Hot)	<input type="checkbox"/> Pest Control - Rodent
<input type="checkbox"/> Chore	<input type="checkbox"/> Respite care (In-home)
<input type="checkbox"/> Companionship	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Enhanced chore	<input type="checkbox"/> Housing improvement
<input type="checkbox"/> Specialized Medical Equipment, svc & supplies	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency Alert Response (Installation & maintenance)	<input type="checkbox"/> Personal care
<input type="checkbox"/> Escort	<input type="checkbox"/> Pest Control (Initial & maintenance)

APPLICATION CHECKLIST	
Application Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Attestation and Information Release Authorization Signature	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Application Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No*

\*If No, please provide comments on what is missing:

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ENCLOSURE CHECKLIST	
Copy of your state license for each location and/or specialty	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your Certificate of Liability Insurance Policy face sheet with United HomeCare listed as a certificate holder	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your most recent (preferably 2021) tax document: Form 1120 for Corporations, Form 1065 for Partnerships/LLCs, or Form 1040 for Individuals	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your W-9	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of Accreditation Certificate, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of Occupational License / Local Business Tax Receipt (LBT) (County and City, if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Copy of your Emergency Plan and CEMP Approval, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Certification and Assurances Form	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Provider rates form with proposed rates and services provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No*

\*If No, please provide comments on what is missing:

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Was Provider a previous Subcontractor with United HomeCare during the previous fiscal year?    Yes    No

- If Yes, did Provider submit overall information timely?       Yes    No
- Did the Provider have concerns with Background screening?    Yes    No

*Include this completed checklist with your Phase 1 application.*

