ATTACHMENT A
STATEMENT OF INTENT TO PROVIDE PROGRAM MANUAL
DHHS 91021

OFFEROR NAME:	
By Signing Below the Offeror:	
Agrees to provide the Program Manual required in the Scope of Work to the Division prior to the first day of operating the program, and acknowledges that if it fails to provide the required Program Manual, the Conducting Procurement Unit may choose not to contract with the Offeror.	
REQUIRED SIGNATURE	
Signature:	Date:
Name/Title (typed or printed):	

ATTACHMENT B
OFFEROR SUPPLEMENTAL INFORMATION
DHHS 91021

OFFEROR
Basic Information **Legal Company Name:** _____ **DBA, if applicable:** _____
Remittance address for non-Medicaid contract payments if awarded a contract **Name:** _____ **Address:** _____ **City, State and Zip Code:** _____
Contact information for individual submitting billings **Name:** _____ **Address:** _____ **City, State and Zip Code:** _____ **Phone Number:** _____ **Email:** _____
Contact information for individual/entity preparing annual independent audit reports or financial **statements Company Name:** _____ **Contact Person's Name and Title:** _____ **Address:** _____ **City, State and Zip Code:** _____ **Phone Number:** _____

ATTACHMENT C
SERVICES SELECTION AND ASSURANCES
DHHS91021

OFFEROR:

Which division do you intend to provide services for: Check one or more boxes

Division of Child and Family Service

Juvenile Justice and Youth Services

SERVICES APPLIED FOR: Check one or more of the following boxes:

Level 4 Foster Care

Level 4 Foster Care Single Client

- ☐ DIB – Level 4 Care Single Client (DCFS)
- ☐ YIB – Level 4 Single Client (JJYS)

AIB – Level 4r Care Single Client – Absence Code for AIB and YIB

Level 4 Foster Care Multiple Clients

- ☐ DPB – Level 4 Foster Care Multiple Client (DCFS) For DCFS providers this will also include:
  PC1 – Contracted Foster Care level 1 PC2 – Contracted Foster Care Level 2
  BAC Baby of Foster Care – For Client with baby not in custody.
- ☐ YPB – Level 4 Foster Care Multiple Client (JJYS)

APB – Level 4 Foster Care Multiple Client – Absence Code for DPB and YIB

Professional Parent

Disability Professional Parent DHB

- ☐ DHB Professional Parent – Intensive Level 4 Care Multiple Clients with Disability Needs
- ☐ AHB Absence Code for DHB

Professional Parent DHD

- ☐ DHD Professional Parent – Intensive Level 4 Care Multiple Clients with Behavioral needs
- ☐ AFD Absence Code for DHD

Independent Living Placement Services

- ☐ DAC Independent Living Placement Services (DCFS)
- ☐ YAC Transition to Adult Living (JJYS)
- ☐ AAC Absence Code – Transition to Adult Living

Additional information if applying for DAC Services

If applying for INDEPENDENT LIVING PLACEMENT SERVICES, DAC, list the location where INDEPENDENT LIVING PLACEMENT SERVICES will be performed (If a Residential Support license is required per the MANDATORY MINIMUM REQUIREMENTS/QUALIFICATIONS. The location listed in this section MUST match the address on the REQUIRED DHHS/DLBC Residential Support License):

Location Name:_____ Address:_____

City, State, Zip:_____

Maximum number of DAC Clients that may be placed at this address: _____

Will there be Level 4 Foster (DIB/DPB) Clients also residing at this address? _____If yes, how many?____

Check box if there are multiple locations for the additional INDEPENDENT LIVING PLACEMENT SERVICES, and list additional locations with answers to the additional questions in this section on a separate page with the title “ATTACHMENT G CONTINUED, DAC LOCATIONS”

Transportation

- ☐ CTP – Contracted Transportation Payment -

Family Based Transition

- ☐ TIB – Family Based Transition – One client
- ☐ TPB – Family Based Transition – 2-3 Client Capacity

Offeror agrees to provide the following services through their Clinical Evaluation Treatment and Wraps Contract :

Mentoring (M1, M2, M3)

ATTACHMENT D
PAST PERFORMANCE MINIMUM REQUIREMENTS FORM
DHHS91021

1. Within the past 5 years, has the Offeror had any DHHS/ Division of Licensing and Background Checks ("DLBC:) licenses (or equivalent licenses if in another state) suspended, revoked, or denied for health or safety reasons?

☐ Yes, there have been licenses, including facility licenses that have been suspended, revoked, denied for health or safety reasons within the past 5 years.

☐ No, continue completing list of licenses below.

Evaluator will verify Offeror's answer through the issuing entity. **Offerors who have had a license suspended, revoked, or denied for health or safety issues within the past 5 years will be determined non-responsible and will be eliminated from further consideration.**

List all DHHS/DLBC licenses (or equivalent licenses if in another state) issued to the Offeror within the past 5 years (attach additional sheet if necessary):

Issuing Entity and State	Type of License	License Number	Effective Dates

2. Within the past 5 years, has the Offeror had any State of Utah contract terminated for cause due to health or safety reasons?

☐ Yes, the Offeror has had contracts with the State of Utah terminated for cause due to health or safety reasons within the past 5 years.

☐ No, continue completing list of contracts below.

Evaluator will verify Offeror's answer through the contracting agency. **Offerors who have had a contract with the State of Utah terminated for cause due to health or safety reasons within the past 5 years will be determined non-responsible and will be eliminated from further consideration.**

List all contracts the Offeror has had with the State of Utah within the past 5 years (attach additional sheet if necessary):

Contracting Agency	Contract Number	Effective Dates

ATTACHMENT D
PAST PERFORMANCE MINIMUM REQUIREMENTS FORM
DHHS91021

3. Within the past 5 years, has the Offeror been placed on a moratorium by DHHS or any DHHS Division for health or safety reasons?

☐ *Yes, and the Offeror's contract was terminated.*

☐ *Yes, but the moratorium was resolved so that the Offeror could continue contracting OR the moratorium has not yet been resolved.*

☐ *No.*

Evaluator will verify Offeror's answer through DHHS monitoring records. ***Offerors who have had a moratorium for health or safety reasons resulting in a contract termination, within the past 5 years, will be determined non- responsible and will be eliminated from further consideration.***

REQUIRED SIGNATURE:	
Signature:	*Date:*
Print Name and Title:	