DHHS26133

Evaluation Score Sheet

Provider Name:_____

Evaluator Name:_____

Date of Evaluation:_____

Description of Requirements	Pass	Fail
1. Did the vendor submit an experience form detailing a minimum of two years of experience in working with families and individuals with various types of disabilities?		
2. Did the vendor submit an experience form detailing a minimum of two years of experience in providing Persons (with ID.RC or ABI) and their families with information and referral to resources that can be used by individuals with various types of disabilities living in the community?		
3. Did the vendor submit an experience form detailing a minimum of two years of experience in developing, coordinating, and providing information and training about disabilities, rights of people with disabilities, and available resources for people with disabilities?		
4. Did the vendor submit an experience form detailing a minimum of two years of experience assisting individuals to understand, apply for, and maintain Social Security Benefits, and Vocational Rehabilitation benefits?		
5. Did the vendor submit an experience form detailing a minimum of two years of experience assisting individuals to understand and access mental health systems and resources?		
6. Did the vendor submit an experience form detailing a minimum of two years of experience coaching and providing skills-building to Persons and their families?		
7. Did the vendor submit an experience form marking YES, they have knowledge of HCBS Waivers and DHHS/DSPD requirements for Persons to remain on the DHHS/DSPD wait list for services?		
8. Did the vendor submit an experience form marking YES, they have the capacity to provide in-person services within the regions(s) they applied for?		
9. Did the vendor submit an experience form marking YES, they have Staff that includes individuals with disabilities, or caregivers of family members with a disability to provider peer support services?		
10. Did the vendor submit a completed Form 1 DHHS Data Sheet?		
11. Did the vendor submit a completed and recently signed (within the last 6		

months) Form 2 W-9?		
12. Does the vendor have an active business entity registration (in good standing) with the Utah Department of Commerce Division of Corporations and Commercial Code (DOC) that matches the name on the DHHS Data Sheet?		
13. Did the vendor submit a completed and signed Form 3 Conflict of Interest Disclosure Statement?		
14. Did the vendor submit a completed Form 4 Business Associate Agreement?		
15. Did the vendor submit a completed Form 5 Region Application Form?		