

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

Davis County Health Department -Senior Services
Contract Cover Sheet
Contract due by June 26, 2023

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 #: _____

For office use only:

Rates:

Adult Companion

Homemaker

Meals

PCA/CNA

Chore

Unskilled Respite

Skilled Respite

Facility Respite

RN

LPN

Budget Assist

Fiscal Agent

Adult Day Care

Transportation

PERS Mos. Monitor

land line

Cell Mobile Unit

SIM GPS

Extra Pendant Pendant replacement

PERS Install

Med Dispenser Mos Monitoring

Med Dispenser Install

Fiscal Agent

Durable Medical Equipment

Does Contract have signatures? Yes No

Liability Insurance Yes No

Is W9 Included? Yes No

Is Business License Included or Yes No

Professional license?

