



Davis
COUNTY
HEALTH
DEPARTMENT

In-Home Services Provider Contract

Application Instructions

Please return with your completed and signed contract the following:

- Contract form with required signatures
- Current W-9
- Certificate of Insurance indicating required coverage amount
- Current business license
 - and/or Current DOPL Home Health/Personal Care License
- Completed cover sheet
- Completed Rate Table – Page 11

**Contracts missing any of the above items will
be returned to sender as unprocessed.**

Mail: Davis County Health Department – Senior Services
Attention: Shawna Mahan
PO Box 618
Farmington, UT 84025

Email: ShawnaN@co.davis.ut.us

Fax: 801-525-5071

Deliver: (not a mailing address)
Davis County Health Department
Attention: Shawna Mahan
22 South State Street - 3rd Floor
Clearfield, UT 801-525-5050

Healthy Choices.

Healthy People.

Healthy Communities.

For questions about the application process, please call 801-525-5081