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

**Davis County Senior Services**

**Contract Cover Sheet**

**Contract due by May 25, 2021**

**Agency Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Agency Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_  Billing Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Billing Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contract Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contract Return Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Intake Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intake email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Intake Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intake Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| For office use only:  **Rates:**    Homemaker\_\_\_\_\_\_\_\_\_  Meals \_\_\_\_\_\_\_\_\_  PCA/CNA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chore\_\_\_\_\_\_\_\_\_\_\_\_  Unskilled Respite\_\_\_\_\_\_\_  Skilled Respite \_\_\_\_\_\_\_  Facility Respite\_\_\_\_\_\_\_\_\_  RN\_\_\_\_\_\_\_\_\_\_  LPN\_\_\_\_\_\_\_\_\_\_  Budget Assist\_\_\_\_\_\_\_\_\_  Adult Day Care\_\_\_\_\_\_\_\_\_\_  Transportation\_\_\_\_  PERS Mos. Monitor\_\_\_\_\_\_\_\_\_\_\_\_  PERS Install\_\_\_\_\_\_\_\_\_\_\_  Med Dispenser\_\_\_\_\_\_\_\_Install\_\_\_\_\_\_\_\_\_\_\_  Fiscal Agent\_\_\_\_\_\_\_  Does Contract have signatures? Yes No  Liability Insurance Yes No  Is W9 Included? Yes No  Is Business License Included or Yes No  Professional license? |