**UCO Provider Application**



 Date:

Name of Organization:

Name of Authorized Representative:

Title of Authorized Representative:

Business Mailing Address:

Physical Address:

|  |  |
| --- | --- |
| Phone:  | Fax: |

Email:

When did your business open?

Please check one of the following:

* For Profit
* Not for Profit

The following shall be attached to this application:

* Company History
* Business Plan including Mission, Vision, Values
* EIN (Employer Identification Number)
* Resumes of Management Staff
* Policies and Procedures for new hires, background checks, drug testing
* Three letters from individuals and/or families currently receiving services
* Three letters from unsatisfied individuals and/or families who previously received services
* MUIs (Major Unusual Incidents)
	+ Number of MUI’s in 2011 and 2012 and categories
	+ Number of substantiated MUI’s in 2011, 2012 and categories
	+ Number of substantiated MUIs in which staff are the PPI (Primary Person of Interest)
	+ Prevention plans from substantiated MUI’s
	+ Policy and Procedure for when a staff is the PPI (Primary Person of Interest) in a MUI (Major Unusual Incident)

**Complete application packet MUST be received by February 15, 2013**.

Please return complete packet to: Union County Board of Developmental Disabilities

 Attention: Kara Brown

 16900 Square Drive, Suite 104

 Marysville, Ohio 43040

 Email: kbrown@ucbdd.org

**We reserve the right to ask for additional information.**

**Application Questionnaire**

Please discuss your philosophy to serving people with disabilities?

How does your philosophy apply to the vocational setting?

How do you get to know the individual and their family before you begin to work for them?

What is your anticipated process for ensuring that your new staff knows the people and services at UCO?

How many people with disabilities does your company serve? How many in adult day programs?

What is your staff turnover rate? And what are the contributing factors to that rate?

What is the length of service of your direct care staff? Please identify how many staff in each category.

0-2 years

3-4 years

5-10 years

10-15 years

15+ years

What do you believe are the contributing factors associated with your staff’s length of service and what strategies do you have to retain experienced, quality staff?

When you experience turnover, how do you ensure consistency with your individuals served?

Does your organization utilize a temporary work force? If yes, which one(s) and in what capacity?

If you utilize a temporary work force, do they follow the same hiring/training requirements as permanent staff?

What internal systems do you have to ensure that you are providing quality services, and that individuals and/or families are satisfied with your services?

What is the date of your last Provider Compliance Review? And please describe any plan of correction that was required.

Do you provide nursing at your other locations? If so, how much and please indicate whether nursing is provided via a contract or via company employee? What credentials do you require for nursing services?

Do you have experience providing vocational production-style support? If yes, please explain.

What is your anticipated ratio of newly hired staff to currently employed staff if you become the provider at the UCO location?

Has your organization ever filed for bankruptcy or restructured under bankruptcy?

Please list any other certifications and accreditations besides your certification from the Ohio Department of Developmental Disabilities (such as CARF-Commission on Accreditation of Rehabilitation Facilities)?

Why would your agency be our best choice? What sets apart your agency from other agencies?