



# Davis County Health Department In-Home Services Provider Contract Application Instructions

## Submission 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](mailto: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 - 3<sup>rd</sup> Floor  
Clearfield, UT 801-525-5050