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 NoLiability Insurance Yes NoIs W9 Included? Yes NoIs Business License Included or Yes No Professional license? |