

HOME & COMMUNITY BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED	Contract Period: 10/01/2025 – 09/30/2028
<b>SUBCONTRACTOR APPLICATION</b>	Application Date:

(If private individual please provide First Name, Middle Initial and Last Name)

ALL FIELDS ARE MANDATORY – IF NOT APPLICABLE MARK N/A

PROVIDER NAME / BUSINESS NAME		
AUTHORIZED REPRESENTATIVE(S) (owner or appointed leader with signatory authority – proof may be requested)		
STREET ADDRESS		P.O. BOX
CITY	STATE	ZIP CODE PLUS 4
PHONE NUMBER	FAX NUMBER	AUTHORIZED REP EMAIL
TYPE OF AGENCY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE, NOT FOR PROFIT <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> PRIVATE INDEPENDENT CONTRACTOR		
SERVICE AREA (Counties or Cities)		
NUMBER OF YEARS IN BUSINESS		
EIN / SSN NUMBER	NATIONAL PROVIDER ID (NPI) Required if providing CLS, Nursing, Respite, and Adult Day Services	
MEDICAID ID NUMBER, IF APPLICABLE	UNIQUE ENTITY ID (SAM.GOV)	
PRIMARY CONTACT PERSON NAME	PRIMARY CONTACT TITLE	
PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT PHONE NUMBER	
DAYS AND HOURS OF OPERATION	ADA ACCESSIBILITY ACCOMMODATIONS	
WEBSITE, IF APPLICABLE	WORKER LANGUAGES	
TRAINING AND EXPERIENCE AREAS		

**This section is for Residential Setting facilities:**

MANAGEMENT COMPANY NAME	MANAGEMENT COMPANY CONTACT
MANAGEMENT COMPANY PHONE	MANAGEMENT COMPANY EMAIL
FACILITY ADMINISTRATOR NAME	FACILITY OWNER NAME
FACILITY ADMINISTRATOR PHONE	FACILITY OWNER PHONE
FACILITY ADMINISTRATOR EMAIL	FACILITY OWNER EMAIL

Complete the table below for each service you are bidding on. This section is mandatory and must include the following information:

- Service Code / Description (as defined by MDHHS/AAA)
- Proposed MI Choice Capacity (number of participants you can serve)
- Bid Rate (the rate you are proposing per unit)

Completion of this table is necessary to determine service capacity and for mandatory reporting purposes. Incomplete tables may be considered non-responsive.

[illegible]

Signature of Subcontractor

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Title

Date \_\_\_\_\_

**NEMCSA Office Use ONLY:**

Date Received:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	By Whom:
Reason for Denial:			