

CHECKLIST FOR APPLICATION TO PROVIDE SERVICES PURCHASED BY REGIONAL CENTER

Please complete the following items (those checked) for your application and return to the regional center.

- Vendor Application (Form DS 1890)
- Program Description
- Service Provider Resource Information Sheet
- Signed Working Agreement
- Medi-Cal Program Provider Agreement Claim Certification
- Copy of Current Facility License, Certification or Accreditation
- Cost Statement
- Fee Schedule
- Professional Resume(s)
- Program Brochures and/or Literature (Optional)
- Copy of Teaching Credential(s)
- Copy of current, valid Professional License or Certificate
- Request for Taxpayer Identification Number and Certification (W-9 Form)
- Multi-Program Vendor Development Questionnaire
- Instructions regarding completion of Special Incident Report (SIR) forms
- Enter Medi-Cal Provider Number on Service Provider Resource Information form
- Other (specified): _____

FOR RESIDENTIAL CAMPS ONLY

- Fire Clearance
- Health Sanitation Clearance
- Counselor/Client Ratio

