Area Agency on Aging of Northwest Michigan
Dignity. Independence. Choice.

AREA AGENCY ON AGING OF NORTHWEST MICHIGAN
PURCHASE OF SERVICES AGREEMENT APPLICATION

IDENTIFYING INFORMATION

1. Legal Name of Applicant
2. Doing Business As, if applicable

Note: Please i*nclude a copy of current DBA, and as appropriate, Articles of Incorporation.*

3. Federal Tax ID Number (for corporations)/ Social Security Number (for individuals)
4. For Home Care Agencies: NPI Number Taxonomy Code
5. Business Address

In Care of:
Street:
City, State, Zip
E-mail address
Phone # Cell Phone #
Fax #

6. Mailing Address (if different than physical)

Street:
City, State, Zip

7. Which of the following insurances (that apply) does your agency carry? (Check boxes)
Enter effective policy dates, and amount per occurrence where applicable.

			Effective Policy Dates	Amount/ Occurrence
A.	General Liability	☐		
B.	Facility/Property Insurance	☐		
C.	No-Fault Vehicle Insurance	☐		
D.	Professional Liability	☐		
E.	Malpractice/Liability	☐		
F.	Workers' Compensation	☐		
G.	Unemployment Insurance	☐		

H. Fidelity Bonding
(if handling employee/participant cash)

I. Other:

Applicants will be required to provide to AAANM Certificates of Insurance listing AAANM as "Certificate Holder". Please include insurance verifications with this application.

8. Michigan Medicaid: Provider Agreement? Yes No Provider #

9. Medicare Certified Home Health Agency Yes No Number

10. Provider for another MI Choice ("Waiver") or Care Management Program? Yes No

If yes, please indicate with which agency (s):

11. Ownership (check appropriate category):

Private Private (Non-profit) Public/Government

Charitable/Religious Other (describe):

12. Legal Structure (check appropriate category):

Sole Proprietorship Partnership Corporation

Corporation Type: LLC S Corp Non-profit Corp

13. Service Provision Experience:

Applicant has been providing services proposed for years or months.

Note: *AAANM prefers to work with businesses that have been providing the services being proposed for at least 6 months.*

KEY PERSONNEL

14. Name of C.E.O. Phone

15. Name of Administrator (& Title) Phone

16. Location (if different from #5)

17. Name (& Title) for Service Referrals Phone

18. Persons providing service will be: Applicant Employees

Note: *It is the policy of AAANM to work with organizations that have a direct employer-employee relationship with its workers, rather than providing services through subcontractors. This policy is in place for tax purposes, as well as employee supervision and lines of authority regarding staff responsibilities and supervision. The ONLY exception to this policy will be for snow removal, whereby an organization MAY subcontract for snow removal, as long as all the requirements of AAANM POS applicants are met (i.e., dba, insured, experience, references, criminal background search, etc.)*

			Yes	No
19.		If applicant has employees, are the following management practices in place?		
	A.	Reference checks performed prior to staff entering client homes?	☐	☐
	B.	Criminal background checks conducted prior to hiring staff and on a routine basis?	☐	☐
	C.	Formal orientation established for new staff?	☐	☐
	D.	For health care staff: Are licenses and/or registrations from the State of Michigan current and on record?	☐	☐
	E.	Are Registered Nurses supervising health care staff?	☐	☐
	F.	In-Service Training Plan?	☐	☐

20. If applicant is an individual, will you allow the AAANM to perform a criminal background check?

Yes ☐ No ☐ N/A ☐

			Yes	No
21.		Does applicant have the following policies and/or procedures in place?		
	A.	Client confidentiality	☐	☐
	B.	Client appeals/grievances	☐	☐
	C.	Client feedback/evaluation	☐	☐
	D.	Emergency procedures	☐	☐
	E.	Personnel	☐	☐
	F.	Recruitment, training and supervision	☐	☐
	G.	Procedures governing administering of medications (where applicable)	☐	☐

Note: *Please provide copies of the above policies/procedures, as applicable.*

GENERAL SERVICE INFORMATION

22. Provider serves clients (check all that apply): 18+ years of age ☐ 60+ years of age ☐

23. Staffing available (check all that apply):

Weekdays ☐ Evenings ☐ Weekends ☐ Holidays ☐

24. Geographic Area Served (Check all counties that apply):

Antrim ☐ Benzie ☐ Charlevoix ☐ Emmet ☐ Grand Traverse ☐

Kalkaska ☐ Leelanau ☐ Manistee ☐ Missaukee ☐ Wexford ☐

ADDITIONAL APPLICATION ATTACHMENTS

Please submit the following documents:

A. Statement of purpose, description of services provided by organization.

B. Organizational Chart identifying lines of authority.

C. Liability and malpractice insurance verification.

D. Job descriptions for proposed positions.

E. Licenses or certificates of personnel, business.

F. Credentials of personnel to be performing proposed services and supervising those individuals.

G. References that relate directly to the services being proposed.

H. Promotional materials for agency/business (brochures, annual reports, flyers, etc.)

I. If non-profit organization, 501(C)(3) documentation.

STATEMENT OF UNDERSTANDING

The Applicant affirms that the information contained in this application is true to the best of my knowledge. The Applicant assures that it currently provides the services for which it is proposing. The Applicant also affirms that Applicant is aware of the applicable service standards and that services will be provided in compliance with them.

Signature of Authorized Individual _____ Title _____

Printed Name of Authorized Individual _____ Date _____

Telephone Number of Authorized Individual _____