



THE GULF COAST CENTER

IDD Provider of Services

7000 Ave. B
Santa Fe, Texas 77510

IDD CONTRACTED PROVIDER PACKET

Dear Potential Provider,

Please place INITIALS in BOXES below of all ITEMS being returned.

GCC FORMS TO BE COMPLETED (signed/dated) AND RETURNED:

<input type="checkbox"/>	IDD Contract Provider Service Packet Cover sheet- this form (2 pgs. return)
<input type="checkbox"/>	All About Contract Respite (1 page)
<input type="checkbox"/>	GCC IDD Open Enrollment Application Nov 15 2011 (complete attachment B1)
<input type="checkbox"/>	Statement of Employability
<input type="checkbox"/>	Authorization for Contract Provider Background Check
<input type="checkbox"/>	fw9
<input type="checkbox"/>	FY 2012 Community Support-Respite Provider Contract
<input type="checkbox"/>	Rights Acknowledgment Form (after review of 2011 CC Rights Presentation Contract
<input type="checkbox"/>	Infection Control Study Manual and Test
<input type="checkbox"/>	Acknowledgment of Receipt & Understanding of HIPAA Privacy Training (after review of Privacy Training Module HIPAA)

Additional Trainings may be required that are specific to the person to whom you are providing services; for example, High Blood Pressure, Diabetes, Tube Feeding, Transferring(Wheel Chair), etc.

REQUIRED DOCUMENTS TO BE SUBMITTED ANNUALLY OR AS THEY ARE RENEWED OR UPDATED :

<input type="checkbox"/>	Copy of Valid Auto Insurance (updated regularly)
<input type="checkbox"/>	Copy of Valid Driver's License (to establish residence)
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Copy of High School Diploma, GED
<input type="checkbox"/>	Three Letters of Reference (only if no High School Diploma or GED)
<input type="checkbox"/>	Email/Home/Cell Phone numbers (updated regularly)
<input type="checkbox"/>	Copy of Homeowners/Renter's Insurance Policy (if you provide respite in your home)
<input type="checkbox"/>	Home Insurance Waiver (if you provide respite in your home and you do not have insurance)

PROVIDER POOL LIST

If you are applying to provide services to more than one person or to be listed as a provider in the provider pool, you must have the below trainings in addition to the above forms and documents;

- Copy of CPR and 1st Aid
- Diabetes Study Guide and Training, High Blood Pressure Study Guide and Test, Hypothyroidism Study Guide and Acknowledgement form
- Medication Administration(GCC on-line trainings -12.00/yr).
- Preventing and Managing Aggressive Behavior (PMAB) (as needed and determined by staff/family members)

Name of Individual and Family that you were referred by: (Please Print)

Name of Individual _____

Name of Family Member _____

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
FAX 409.763-5538

www.GulfCoastCenter.org

Our mission is to enable and empower individuals and families to live quality lives

IDD CONTRACT SERVICES PACKET COVER SHEET - PROVIDERS



ACKNOWLEDGEMENT PAGE

Initial Boxes below:

I am aware and understand that it is a violation of my Non-Traditional Provider Respite Services Agreement, section VI.2 Paragraph 3 to bill for respite services if I live in the same residences as the caregiver that I am providing respite services. Contract Respite is a service provided to the caregiver by a provider that must reside outside of the home of the family that is receiving the Respite Services.

****This will result in immediate termination of the contract, restitution in full for dollars paid out during the time of this violation and possible criminal charges.**

I understand that it will be my responsibility to notify the Contract Program Manager, Deanna David of any administering of medication to the individual. Medication Administration Training will be required of all contract providers that will monitor and/or assist in the administration of medication to any individual receiving Respite and/or Community Support services.

Print Name

Date

Signature

Date

Please return packet in the Self Addressed Envelope provided.

The Gulf Coast Center - IDD Provider of Services

7000 Ave. B

Santa Fe, Texas 77510

(409) 944-4453 or (409) 944-4460 / (800) 615-4763 ext. 10358.

Fax# (409) 927-4308

Attention: Deanna David, HCS/Contract Program Manager

For Provider Use Only:

Date Packet Received _____ Approved _____ Not Approved _____

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