



Formal Network Provider Application

Directions: For an organization to be considered for “Formal Network Provider” status, a WMPC provider application must be completed. WMPC will maintain the application on file and notify the applicant when service needs are identified, at which point, the credentialing and contracting process will begin.

Please include the following:

- Please include copies of programs, license(s), and licensing summary(ies) (if applicable)
- Resume for Key Employee’s
- Copies of external monitoring reports or accreditations reports (if applicable)
- Program budget and budget narrative that includes a projection of monthly income, funding sources, and expenditures (if applicable)
- All state licenses and accreditations that are applicable
- Copy of your last audit and any management letters

Please Provide all information requested below

1. Provider Information

- A. Organization Name: Click or tap here to enter text.
- B. Name of Key Contact: Click or tap here to enter text.
- C. Name of Person Completing this Form: Click or tap here to enter text.
- D. Title of Key contact: Click or tap here to enter text.
- E. Email: Click or tap here to enter text.
- F. Phone Number: Click or tap here to enter text.
- G. Fax Number: Click or tap here to enter text.
- H. Mailing Address: Click or tap here to enter text.
- I. City: Click or tap here to enter text.
- J. State: Click or tap here to enter text.
- K. Zip Code: Click or tap here to enter text.
- L. Federal TAX ID Number: Click or tap here to enter text.

2. Organizational Liability Information

- A. Professional Liability Policy Number: Click or tap here to enter text.
- B. Current Independent Carrier Name: Click or tap here to enter text.
- C. Mailing Address: Click or tap here to enter text.



- D. City: Click or tap here to enter text.
- E. State: Click or tap here to enter text.
- F. Zip: Click or tap here to enter text.
- G. Current Policy Effective Date: Click or tap to enter a date.
- H. Current Policy Expiration Date: Click or tap to enter a date.

A. Professional Liability Coverage		
Limits of Coverage	Per Occurrence	Per Aggregate
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

B. General Liability Information

- A. General Liability Policy Number: Click or tap here to enter text.
- B. Current Independent Carrier Name: Click or tap here to enter text.
- C. Mailing Address: Click or tap here to enter text.
- D. City: Click or tap here to enter text.
- E. State: Click or tap here to enter text.
- F. Zip: Click or tap here to enter text.
- G. Current Effective Date: Click or tap to enter a date.
- H. Current Expiration Date: Click or tap to enter a date.

C. General Liability Coverage		
Limits of Coverage	Per Occurrence	Per Aggregate
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



D. Liability Questions

The following questions apply to applicant organization

1. Has any government agency investigated, suspended, revoked or taken any other action against the organization or staff member's licensed to practice in the last five years? Yes No
 - a. If yes, explain: [Click or tap here to enter text.](#)
2. Has the organization or staff members had, or does it currently have pending, legal actions in the last 5 years? Yes No
 - a. If yes, explain: [Click or tap here to enter text.](#)
3. Does the organization require criminal history background screenings of all staff, prior to them being hired? Yes No
 - a. If yes, explain: [Click or tap here to enter text.](#)
4. At any time, have any memberships in professional organizations or accreditations by national or state bodies been revoked, denied, or suspended by others or voluntarily given up by the organization or members of the organization? Yes No
 - a. If yes, explain: [Click or tap here to enter text.](#)
5. Has the organization or staff members been removed, sanctioned or suspended from membership in a professional association for violation(s) of an ethical code of practice in the last 5 years? Yes No
 - a. If yes, explain: [Click or tap here to enter text.](#)

3. Licensure and Accreditation

Please include a copy of all state licenses and accreditations that are applicable with this application

- A. Describe your organization's license's. If the organization holds more than one license, please use additional sheets of paper:
 - a. Licensing Body: [Click or tap here to enter text.](#)
 - b. License Type: [Click or tap here to enter text.](#)
 - c. License Number: [Click or tap here to enter text.](#)
 - d. Expiration Date: [Click or tap to enter a date.](#)
 - e. Programs to which this license applies: [Click or tap here to enter text.](#)
- B. Describe any applicable accreditations (e.g. COA, JCAHO, CARF). If the organization holds more than one accreditation, please use additional sheets of paper.
 - a. Accrediting Body: [Click or tap here to enter text.](#)
 - b. Accreditation Status: [Click or tap here to enter text.](#)
 - c. Expiration Date: [Click or tap here to enter text.](#)
 - d. Date of most recent survey: [Click or tap here to enter text.](#)
 - e. If not currently accredited, does your organization plan to become accredited?
 Yes No N/A
 - i. If so, when: [Click or tap here to enter text.](#)



ii. If so, which services will be accredited? Click or tap here to enter text.

- C. Please list below the names of leadership, including supervisors, managers and directors that are licensed; include
- D. degree and State license numbers.

Name	Position	Degree	State License
1. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
4. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
5. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
6. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
7. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- E. Number of licensed foster homes in
 - a. Kent County: Click or tap here to enter text.
 - b. Out of Kent County: Click or tap here to enter text.

- F. Please list number of employees in each department, not including supervisors/managers
 - a. Foster care: Click or tap here to enter text.
 - b. Adoption: Click or tap here to enter text.
 - c. Licensing Workers: Click or tap here to enter text.
 - d. Case Aides: Click or tap here to enter text.

4. Programs and/or Services Offered through the Organization

Using the chart below, indicate the services your agency can provide to children, youth and families

Program/Service	Ages Served	Gender Served	Current Rate/Fee <i>(if applicable)</i>	Contracted with <i>(if applicable)</i>
OUT-OF-HOME CARE				



Inpatient Detox	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Crisis Stabilization (24-72hr)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Residential Treatment (secure)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Residential Treatment (non-secure)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Therapeutic Foster Care	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Foster Care	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Foster-Home Respite Care	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Independent Living Plus	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Adoption	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
OTHER: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Program/Service	Ages Served	Gender Served	Current Rate/Fee (if applicable)	Contracted with (if applicable)
OUTPATIENT TREATMENT				
Crisis Team Services	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Medication Management	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



Intensive Outpatient Type: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Individual Therapy: Home Based	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Individual Therapy: Outpatient	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Therapy: Home Based	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Therapy: Outpatient	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Group Therapy	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Program/Service	Ages Served	Gender Served	Current Rate/Fee (if applicable)	Contracted with (if applicable)
EVALUATIONS /ASSESSMENTS				
Psychiatric Evaluations	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Psychological Evaluations	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Substance Abuse Evaluations	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Trauma Evaluations	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Neurological Testing	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



Psychological Testing	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
OTHER: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Program/Service	Ages Served	Gender Served	Current Rate/Fee (if applicable)	Contracted with (if applicable)
HOME & COMMUNITY BASED SERVICES & SUPPORT				
Parent Support Partners	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Youth Mentoring	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Parent Education, Training	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Case Management	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Reunification Program	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Wraparound	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Post Adoption	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
OTHER: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Program/Service	Ages Served	Gender Served	Current Rate/Fee (if applicable)	Contracted with (if applicable)
EDUCATIONAL SERVICES				
Campus-Based Schools	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



After School Support	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Alternative Educational Programs	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Schools-Based Behavioral Health Services	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Tutoring	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
OTHER:Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

5. Financial Audit

Please provide a copy of your last audit and any management letters with application

- A. Did you include a copy of your last audit? Yes No
- B. Did you include copies of any management letters? Yes No

6. Information Systems

Describe any information systems currently in use by your organizations

- A. Electronic Health and Case Management Systems:
Click or tap here to enter text.
- B. Is your information web-enabled? Yes No

7. Agency Representatives

AGENCY OFFICIAL AUTHORIZED TO SIGN CONTRACTS	
Name	Click or tap here to enter text.
Title	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.



Email	Click or tap here to enter text.
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AGENCY OFFICIAL AUTHORIZED TO RECEIVED PAYMENTS	
Name	Click or tap here to enter text.
Title	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.
Email	Click or tap here to enter text.

8. Attestation to Correctness of Application

I hereby attest that all information provided in this application is accurate and correct to the best of my knowledge.

Form completed by: Click or tap here to enter text.

Title: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.