

QUALIFIED VENDOR READY TO PROVIDE SERVICES

QV Name _____ QV ID # (FEI) _____

Linguistic Capabilities - Include all Languages (Spanish; Navajo; Sign Language; etc.)

Address _____

City _____ State _____ Zip Code _____

Phone _____ After-Hours Emergency Number: _____

Fax _____ Contact Name _____

Email _____ Vendor Call Email _____

Website _____ Effective Date _____

SERVICES PROVIDED BY QVA (List New)

(Therapy Only): **Center Based** **Home Based**

BRIEF DESCRIPTION OF QUALIFIED VENDOR AGENCY

BRIEF DESCRIPTION OF CULTURAL CAPABILITIES

INDICATE SPECIAL ACCESSIBILITY FEATURES OFFERED (Mark all that Apply)

- | | | |
|----------------------------|-------------------------------|---------------------------------|
| Manual Wheelchair Access | Changing Area(s) for Adults | Specialized Communication |
| Electric Wheelchair Access | Changing Area(s) for Children | Systems / Devices |
| Sensory Room | Widened Doorways | Dimmable Lights |
| Sensory Equipment | Visual & Audible Alarms | Adaptive Transportation Vehicle |
| Noise-Canceling Headphones | Patient Lift Assisted Devices | Other (Specify): _____ |

District(s) Served: **East** **Central** **West** **North** **South**

See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1