

## 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 Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1