

SEPARATION OF CHILDREN AND ADULTS IN CENTER BASED PROGRAMS

Qualified Vendor Agency Name: _____

Qualified Vendor Administrative Address (No., Street, City, State, ZIP):

Service Site Address (No., Street, City, State, ZIP): _____

Service Site Code (if applicable): _____

Reason for the Request:

The Proposed Means by Which the Following Will be Met:

- 1) The health and safety of members and/or staff
- 2) The intent of the contract

Qualified Vendor Representative's Signature: _____ Date: _____

THIS PORTION TO BE COMPLETED BY DDD

Request is: Approved Denied

Conditions (if applicable):

Quality Assurance Manager Signature: _____ Date: _____

Effective Dates for the Approval Starting: _____ Ending: _____

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