Arizona Department of Economic Security
Division of Developmental Disabilities

Qualified Vendor Ready to Provide Services

Qualified Vendor Information:

Qualified Vendor Name *(including dba)*: _____

QV Website Address: _____

Approved Service(s) Information:

Approved Service(s): _____ Service(s) Effective Date: _____

Service(s) Principal Contact: _____

Service Principal Contact Email: _____

Service Address *(Day Programs, Employment, Habilitation, Music, and Therapy Clinics only)*:

_____

Administrative Site Address *(HCBS services)*: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Additional Information:

Language Capability

Include all Languages *(Spanish; Navajo; Sign Language; etc.)*:

Service Delivery Method and Model

Home Based: _____

Community Based: _____

Telehealth *(Therapy only)*: _____

Agency with Choice Model *(HCBS only)*: ☐ Yes ☐ No

Indicate Special Accessibility Features Offered *(Mark all that apply)*

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

Speciality *(Therapy and Nursing only)*

Does your agency accept new members for this service?

☐ Yes ☐ No

See page 2 for EOE/ADA disclosures

Brief Description of Cultural Capabilities