



DDDS HCBS PROVIDER APPLICATION
SUPPORTING DOCUMENTATION TABLE OF
CONTENTS
FOR: ASSISTIVE TECHNOLOGY, HOME AND VEHICLE
ACCESSIBILITY ADAPPTIONS

Refer to Provider Application Instructions

When turning in your packet, you should also have the
following: Page 1 – Provider Lifespan Waiver Application

Page 2 – Provider Requirement Summary

Page 3 – Provider Table of Contents - Below you will see how to label each tab. Do not combine more than
one section together; everything should be separated as shown below

Provider Name:

Table with 3 columns: CRITERIA, REQUIREMENT, LABEL. Rows include Programs and Services, Business Practices, and various assistive technology and contractor requirements.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

	<p><u>Vehicle-Licensed Contractor (only):</u> Evidence of being licensed to do business within the State of Delaware and hold applicable certificates, standards, licenses, bonds, and permits required. Providers must warranty their work for one year.</p>	<p>G5</p>
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