



DDDS HCBS PROVIDER APPLICATION
SUPPORTING DOCUMENTATION CHECKLIST
FOR NEW PROVIDERS

Refer to Provider Application Instructions

Provider Name: Application Date:

Checklist Completed by: Date Completed:

Table with 4 columns: CRITERIA, REQUIREMENT, CHECK, and ADDITIONAL COMMENTS. Rows include Programs and Services, Service Integrity, and Business Practices.



CRITERIA	REQUIREMENT	CHECK	ADDITIONAL COMMENTS
	<ul style="list-style-type: none">▪ Client/family marketing strategy		
	<ul style="list-style-type: none">▪ Financial stability		
	<ul style="list-style-type: none">▪ Budget for each proposed service		
	Internal compliance and auditing system		
	DE business license or 501(c)(3) documentation		