

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PROVIDER REGISTRATION - OLCR-HCBS

DATE STAMP
OLCR

Form section containing ACTION (Mark one) with options Initial and Reactivate, and CHANGES (Check one) with options Name, Address, Add Svc, Delete Svc, Provider Type, and Soc..Sec.No./ EIN.

Form section containing AGENCY/PROVIDER NAME (Last, First - Check one) with options Mr., Mrs., Ms., and DES/DDD STATE EMPLOYEE with options Yes and No.

Form section containing CORRESPONDENCE/MAILING ADDRESS (No., Street, Suite or Apt. No.) and SOC. SEC. NO./FEIN TAX ID NO.

Form section containing CITY, TOWN, STATE, and ZIP CODE, and BUSINESS/HOME PHONE (REQUIRED).

Form section containing ATTN (First, Last, Title) and EMERGENCY/EVENING PHONE.

Form section containing SERVICE/PHYSICAL STREET ADDRESS (if different from above) and FAX NUMBER.

Form section containing CITY, TOWN, STATE, and ZIP CODE, and the start of PROVIDER PROFILE.

Form section containing ATTN (First, Last, Title) and PROVIDER PROFILE options.

Form section containing CATEGORIES OF SERVICE with various checkboxes for services like 03 Respiratory Therapy, 26 Respite, 28 Attendant Care, etc.

CERTIFICATION REQUIREMENTS (If Agency, please attach Agency Staff Matrix, DD-394 or facsimile.)

Form section containing certification requirements such as First Aid, Application / Education / Experience / Training, Article 9 Review Date, and transportation requirements.

Form section containing PRINT DDD DISTRICT REPRESENTATIVE'S NAME, DATE RECEIVED BY DISTRICT, PHONE NO., and SITE CODE.

Form section containing ADMINISTRATIVE REVIEW'S SIGNATURE (By signing, I affirm that all data has been verified and documentation is on file.) and DATE ADMIN. REVIEW COMPLETED.

I swear, under penalties of law including perjury, false swearing, or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

Form section containing PROVIDER'S SIGNATURE, DATE OF SIGNATURE, PLACE OF BIRTH, and DATE OF BIRTH.

Distribution: Two White - LCR 076A; Canary - HCBS District Office; Pink - Applicant

- SOGH means State Operated Group Home
- ICF/MR or ICFMR means Intermediate Care Facility for the Mentally Retarded
- it's a Medicaid term
- Article 9 Review Date - refers to the Arizona Administrative Code, Title 6 (DES), Chapter 6 (DDD), Article 9 (Managing Inappropriate Behaviors) - HCBS providers are required to periodically review Article 9
- COTA means Certified Occupational Therapy Assistant

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 347-6341; TTY/TDD Services: 7-1-1. ♦ Disponible en español.

INSPECTIONS

AGENCY SITE'S NAME

Gila County Dba Gila Employment And Special Training

AGENCY SITE'S ADDRESS (No., Street, City, State, ZIP)

5515 South Apache Ave. Suite 200 Globe, Az 85501

INITIAL DATE OF HEALTH/SAFETY INSPECTION

1/21/2003

LAST DATE OF FIRE INSPECTION

1/25/2010

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LIST ALL VEHICLES USED TO TRANSPORT

MAKE	YEAR	LICENSE	REGISTRATION EXPIRATION DATE	INSURANCE LIABILITY EXPIRATION DATE
Ford Pick Up Truck	1997	G-152 Cd		6/30/2011
Dodge Caravan	1995	G-461 At		6/30/2011
Dodge Disability Van	1999	G-207 Bz		6/30/2011
Ford Disability Van	2008	G-711 Ff		6/30/2011
Ford 12 Pass. Van	2006	G-555 De		6/30/2011

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Ford 12 Pass. Van	2006	G-476dx		6/30/2011
Chevy Uplander	2008	G-709fs		6/30/2011
				6/30/2011
				6/30/2011
				6/30/2011

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