



**APPLICATION FOR PROVIDER CERTIFICATION
AGED AND DISABLED WAIVER (A&D)
TRAUMATIC BRAIN INJURY WAIVER (TBI)**

State Form 55512 (R / 7-14)

**Attention: Waiver / Provider Analyst
FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA HEALTH COVERAGE PROGRAMS (IHCP)
DA Home and Community-Based Services Waivers
402 West Washington Street, Room W382, MS 07
P.O. Box 7083
Indianapolis, IN 46207-7083**

- INSTRUCTIONS:**
1. Mail the completed, signed and dated documents to the FSSA Division of Aging at the above address, or e-mail them to daproviderapp@fssa.in.gov.
 2. Retain copies of all documents mailed to the FSSA Division of Aging.
 3. If you have any questions regarding the completion of the packet, please visit the website at <http://www.in.gov/fssa/da/3476.htm> or contact a waiver provider specialist in the FSSA Division of Aging at (317) 232-4650 or e-mail daproviderapp@fssa.in.gov.

Date of application (month, day, year)		Type of application (check one) <input type="checkbox"/> New application <input type="checkbox"/> Change of ownership <input type="checkbox"/> Add service(s)	
Name of applicant			
Telephone number () () ()	Fax number () () ()	E-mail address	
Legal business name of applicant			
Doing business as (DBA) name of applicant			
Legal status of provider (check one) <input type="checkbox"/> Individual / sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			
Indiana State Department of Health (ISDH) license number		Name license issued to	
Name of Chief Executive Officer (CEO) / administrator / owner			
Name of contact person		Title	
Physical location (number and street, city, state, and ZIP code)			
Mailing address (if different from above) (number and street or Post Office box, city, state, and ZIP code)			
Type of waiver in which you wish to provide services (check all that apply) <input type="checkbox"/> Aged and Disabled (A&D) (** only) <input type="checkbox"/> Traumatic Brain Injury (TBI) (* only)			
Service(s) you plan to provide (check all that apply)			
<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Specialized Medical Equipment and Supplies	
<input type="checkbox"/> Adult Family Care	<input type="checkbox"/> Healthcare Coordination	<input type="checkbox"/> Structured Day Program*	
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Structured Family Caregiving**	
<input type="checkbox"/> Attendant Care	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Supported Employment*	
<input type="checkbox"/> Behavior Management*	<input type="checkbox"/> Personal Emergency Response System	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Residential Based Habilitation*	<input type="checkbox"/> Vehicle Modifications	
<input type="checkbox"/> Environment Modification Assessment**	<input type="checkbox"/> Respite		
County(ies) in which you plan to provide service(s) (check all that apply)			
<input type="checkbox"/> 01 Adams	<input type="checkbox"/> 15 Dearborn	<input type="checkbox"/> 29 Hamilton	<input type="checkbox"/> 43 Kosciusko
<input type="checkbox"/> 02 Allen	<input type="checkbox"/> 16 Decatur	<input type="checkbox"/> 30 Hancock	<input type="checkbox"/> 44 LaGrange
<input type="checkbox"/> 03 Bartholomew	<input type="checkbox"/> 17 DeKalb	<input type="checkbox"/> 31 Harrison	<input type="checkbox"/> 45 Lake
<input type="checkbox"/> 04 Benton	<input type="checkbox"/> 18 Delaware	<input type="checkbox"/> 32 Hendricks	<input type="checkbox"/> 46 LaPorte
<input type="checkbox"/> 05 Blackford	<input type="checkbox"/> 19 Dubois	<input type="checkbox"/> 33 Henry	<input type="checkbox"/> 47 Lawrence
<input type="checkbox"/> 06 Boone	<input type="checkbox"/> 20 Elkhart	<input type="checkbox"/> 34 Howard	<input type="checkbox"/> 48 Madison
<input type="checkbox"/> 07 Brown	<input type="checkbox"/> 21 Fayette	<input type="checkbox"/> 35 Huntington	<input type="checkbox"/> 49 Marion
<input type="checkbox"/> 08 Carroll	<input type="checkbox"/> 22 Floyd	<input type="checkbox"/> 36 Jackson	<input type="checkbox"/> 50 Marshall
<input type="checkbox"/> 09 Cass	<input type="checkbox"/> 23 Fountain	<input type="checkbox"/> 37 Jasper	<input type="checkbox"/> 51 Martin
<input type="checkbox"/> 10 Clark	<input type="checkbox"/> 24 Franklin	<input type="checkbox"/> 38 Jay	<input type="checkbox"/> 52 Miami
<input type="checkbox"/> 11 Clay	<input type="checkbox"/> 25 Fulton	<input type="checkbox"/> 39 Jefferson	<input type="checkbox"/> 53 Monroe
<input type="checkbox"/> 12 Clinton	<input type="checkbox"/> 26 Gibson	<input type="checkbox"/> 40 Jennings	<input type="checkbox"/> 54 Montgomery
<input type="checkbox"/> 13 Crawford	<input type="checkbox"/> 27 Grant	<input type="checkbox"/> 41 Johnson	<input type="checkbox"/> 55 Morgan
<input type="checkbox"/> 14 Daviess	<input type="checkbox"/> 28 Greene	<input type="checkbox"/> 42 Knox	<input type="checkbox"/> 56 Newton
<input type="checkbox"/> 57 Noble	<input type="checkbox"/> 71 St. Joseph	<input type="checkbox"/> 85 Wabash	
<input type="checkbox"/> 58 Ohio	<input type="checkbox"/> 72 Scott	<input type="checkbox"/> 86 Warren	
<input type="checkbox"/> 59 Orange	<input type="checkbox"/> 73 Shelby	<input type="checkbox"/> 87 Warrick	
<input type="checkbox"/> 60 Owen	<input type="checkbox"/> 74 Spencer	<input type="checkbox"/> 88 Washington	
<input type="checkbox"/> 61 Parke	<input type="checkbox"/> 75 Starke	<input type="checkbox"/> 89 Wayne	
<input type="checkbox"/> 62 Perry	<input type="checkbox"/> 76 Steuben	<input type="checkbox"/> 90 Wells	
<input type="checkbox"/> 63 Pike	<input type="checkbox"/> 77 Sullivan	<input type="checkbox"/> 91 White	
<input type="checkbox"/> 64 Porter	<input type="checkbox"/> 78 Switzerland	<input type="checkbox"/> 92 Whitley	
<input type="checkbox"/> 65 Posey	<input type="checkbox"/> 79 Tippecanoe		
<input type="checkbox"/> 66 Pulaski	<input type="checkbox"/> 80 Tipton		
<input type="checkbox"/> 67 Putnam	<input type="checkbox"/> 81 Union		
<input type="checkbox"/> 68 Randolph	<input type="checkbox"/> 82 Vanderburgh	<input type="checkbox"/> State Wide	
<input type="checkbox"/> 69 Ripley	<input type="checkbox"/> 83 Vermillion		
<input type="checkbox"/> 70 Rush	<input type="checkbox"/> 84 Vigo		
Please attach the following documents:			
<input type="checkbox"/> 1. W-9 Tax Identification Number			
<input type="checkbox"/> 2. Secretary of State letter of authorization to conduct business in Indiana (agencies only)			
<input type="checkbox"/> 3. Verification of liability insurance as required by 455 IAC 2-6-2, 455 IAC 2-12-1(4) (vehicle insurance), and 455 IAC 2-11-1 (property and personal Liability insurance)			
<input type="checkbox"/> 4. Organizational Chart (agencies only)			
<input type="checkbox"/> 5. Copy of Home Health Aide Agency License or Personal Services Agency License (if applicable)			
<input type="checkbox"/> 6. All required documents as specified in the provider requirements table located at http://www.in.gov/fssa/da/3476.htm#jump_provider			
Have you read the following documents?			
<input type="checkbox"/> 1. DA HCBS Waiver Provider Manual: http://provider.indianamedicaid.com/general-provider-services/manuals.aspx <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 2. The Aging Rule: http://www.in.gov/legislative/iac/T04550/A00020.PDF <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of authorized representative		Date (month, day, year)	
Typed or printed name of authorized representative		Title	