

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**DDA Companion Home Provider Application**

Section 1. Information about Proposed Companion Home				
APPLICANT NAME				
STREET ADDRESS		CITY	STATE	ZIP CODE COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)			CELL PHONE NUMBER (INCLUDE AREA CODE)	
EMAIL ADDRESS				
Section 2. Home Information				
<p>Does the applicant own this home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, does the applicant's rental agreement require notification to the landlord when an additional person moves into the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the date the landlord was notified:</p>				
LANDLORD'S NAME (IF APPLICABLE)			TELEPHONE NUMBER (INCLUDE AREA CODE)	
Section 3. Application Materials				
<p>This section outlines all required documents that must be submitted to initiate the process to become a Companion Home provider.</p> <p>Additional documents and training requirements are required for contracting and certification purposes. The applicant must meet the requirements for certification under <a href="#">WAC 388-829C</a> prior to being contracted as a Companion Home provider.</p> <p>The following must be submitted to DDA to initiate the Companion Home Provider application process:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DDA Companion Home Provider Application, DSHS 14-549.</li> <li><input type="checkbox"/> A letter of interest that includes: <ul style="list-style-type: none"> <li>o Your experience supporting people with developmental disabilities;</li> <li>o How long you have known the client considering Companion Home supports with you; and</li> <li>o What qualities do you have that you feel would make you a good Companion Home provider.</li> </ul> </li> <li><input type="checkbox"/> A resume including three references (unrelated to you) including contact information.</li> <li><input type="checkbox"/> A copy of the Washington State business license issued to you by the Department of Revenue. A Unified Business Identifier (UBI) is issued with your business license and is required to complete the application process. If you do not have one, apply for a business as a sole proprietor on the <a href="#">Department of Revenue's</a> website.</li> <li><input type="checkbox"/> Background check confirmation code(s). (See Section 6 below.)</li> <li><input type="checkbox"/> If a fingerprint check was performed, a copy of the receipt(s) from the fingerprinting appointment.</li> <li><input type="checkbox"/> Companion Home Outside Employment Notification and Review form, <a href="#">DSHS 02-589</a>, if employed or self-employed.</li> <li><input type="checkbox"/> A copy of your high school diploma, GED, or other advanced degree.</li> <li><input type="checkbox"/> A copy of your current automobile insurance coverage.</li> <li><input type="checkbox"/> A copy of your current driver's license.</li> <li><input type="checkbox"/> Copies of any First Aid, CPR, Bloodborne Pathogens, Safety and Orientation, and Basic Training certificates under <a href="#">WAC 388-829</a> if obtained and current.</li> <li><input type="checkbox"/> Signed up for <a href="#">GovDelivery</a> (not required, but highly recommended). (See <a href="#">GovDelivery Tutorial</a> for more information.</li> </ul>				

**Section 4. Business License Number**

BUSINESS LICENSE NUMBER

**Section 5. Household Members**

List all individuals who:

- Reside at the proposed Companion Home;
- May spend the night at the proposed Companion Home; or
- May have unsupervised access to the client at the proposed Companion Home.

NAME OF PERSON	AGE

**Section 6. Background Check Information (for best results, use Google Chrome browser)**

1. Complete a DSHS Background Check Central Unit (BCCU) Online Application Form located at <https://fortress.wa.gov/dshs/bcs/> for each of the following:
  - Companion Home provider applicant
  - Any person(s) listed in Section 5 who is age 16 or older who will live in, may spend the night in, or have unsupervised access to the client in the Companion Home
2. Submit the confirmation code and date of birth with the application packet to DDA
  - You may use the [Background Check Requirements for Applicant’s brochure](#) to assist you.
3. Complete fingerprinting after you receive your Washington State Name / Date of Birth Background Check Results and submit a copy of the receipt from the fingerprinting appointment to DDA.

Fingerprinting: All new applicants (including persons listed under Section 6, Number 1) must have a fingerprint-based background check. If the person passes a state background check, they will receive instructions for scheduling a fingerprint appointment. (See [DDA Policy 5.01 Background Check Authorization](#) for more information.)

NAME OF PERSON	DATE OF BIRTH	CONFIRMATION NUMBER

**Section 7. Employment Status**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| 1. Are you currently employed or self-employed? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently employed by the State of Washington? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently employed by the Department of Social and Health Services (DSHS) or the Department of Children, Youth, and Families (DCYF)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “yes” to Question 1, you must complete Companion Home Outside Employment Notification and Review form, [DSHS 02-589](#), if employed or self-employed. Any conflict identified on any employment listed on the Companion Home Outside Employment Notification and Review form must be resolved prior to entering into a Companion Home contract.

For DSHS employees, a completed Notification of Outside Employment form, [DSHS 03-023](#), will be required before services can be authorized.

If you answered “yes” to Question 3, per [Chapter 388-829C-050 WAC](#), DDA must deny a client’s choice of companion home provider if the provider provides paid services to another DSHS client or a client of the Department of Children, Youth, and Families.

**Section 8. Consent for the Department to Release and/or Use Confidential Information**

All persons listed in Section 6 who are age 16 or older must sign this section.

A signature of a parent or guardian must also be included in this section for persons age 16 and 17 who live in or may spend the night in the Companion Home.

I consent to the release and use of confidential information about me within the Department of Social and Health Services for purposes of contracting and certification. I grant permission to DSHS and any agency, division, office, or law enforcement agencies to use my confidential information and disclose it to each other as appropriate. DSHS may define some or all of such information as public information and also disclose this information to third parties when such information is not exempt from such disclosure by state or federal law. Information may be shared verbally, electronically, by mail, or hand delivery.

I am aware that DSHS is required to respond to requests for disclosure of information from the public. DSHS may only withhold information if a specific disclosure exemption exists. ([RCW 42.56](#), [Chapter 388-01 WAC](#))

Completion of this form allows the use and sharing of confidential information within DSHS, and with the individual applicant or agency, for application processing purposes. DSHS may disclose and receive confidential information from outside agencies, divisions, offices and the police.

This consent is valid for as long as I am the person named in this application, a person living in the Companion Home, a person who may spend the night in the Companion Home, or a person who may have unsupervised access to the client in the Companion Home.

A copy of this form is valid for my permission to release and use this information.

SIGNATURE	DATE	NAME OF INDIVIDUAL (PLEASE PRINT)
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**Section 9. Applicant Certification**

I certify, under the penalty of perjury under the laws of the State of Washington and by my signature, that the information provided in this application and all additional documents and forms required for contracting as a Companion Home are true, complete, and accurate. I understand that DSHS may obtain additional information, verification and/or documentation related to my answers or information.

I certify that I am age 21 or older.

Copies of all documents needed to verify the items in this application are attached. Original documents will be readily available to DSHS upon request.

I understand that failure to accurately answer or fully complete the questions on this application may result in denial of the application, contract, or both.

I understand and agree that the information I give to DSHS will be used to verify the information in this application. Any information given to DSHS may be used by DSHS for this purpose.

I have read [Chapter 71A.26 RCW](#), Chapter [388-829C WAC](#), and Chapter [388-829 WAC](#), and have an understanding of other applicable laws and rules that pertain to my role as an independent contractor.

SIGNATURE OF COMPANION HOME PROVIDER APPLICANT

DATE

PRINTED NAME OF APPLICANT

**Submitting Your Application**

Submit your application and supporting documents to your local DDA field office. To find the address of a local field office near you, use the [DSHS Office Locator tool](#).

If you have questions about completing this application, contact your local DDA field office and ask them to connect you with a resource manager.