**Provider Checklist**

**Provider Name:**

|  |  |
| --- | --- |
| **Documents** | **Received** |
| Application & Background Check |  |
| CAPS Check |  |
| QMAP/QMAP Refresher |  |
| Provider Profile |  |
| Inspection (initial) |  |
| Copy of Driver’s License |  |
| Social Security |  |
| Auto Insurance |  |
| Provider Liability Insurance |  |
| Homeowner or Renter Insurance |  |
| Copy of Trade Name (not for family caregivers) |  |
| Lease |  |
| MANE Training |  |
| Therap Training |  |
| Person Centered Training |  |
| Person Specific Training (when applicable) |  |
| Personal Need Fund Training |  |
| CPR/First Aid |  |
| Universal Precautions Training |  |
| HIPAA Training |  |
| Contractor Training Manual |  |
| Signed Contract |  |