

Verification and Acknowledgement of Service Provision

I acknowledge that I have received the following documents and corresponding attachments, which are incorporated into this Standard Contract and agree to provide the identified services outlined in Attachment B.

Please initial by each core document received:

____ Standard Contract

Please identify the services that your agency is willing and able to provide within the Network by initialing each Attachment B that you have received, reviewed and agree to.

____ Attachment A: Individualized Agreement for Services Template

____ Attachment A1: Fee Schedule

____ Attachment B. Service Requirements and Compensation for Services

____ Foster Care Services

____ Facility Based Services -Group Home/Residential Safety Services

____ Community Based Service Array

____ Network Support Services: Federation of Families/Advocacy and Support

____ Network Support Services: NFAPA Foster Parent Support and Recruitment

____ Community Support Services: Family Group Conferencing

____ Attachment C. Background check Requirements

____ Attachment D. DHHS Performance Measures and Penalties

____ Attachment D1 Boys and Girls Home Performance Measures and Penalties

____ Attachment E. Service Invoice

____ Attachment F. Direct Deposit

____ Attachment G. Employer (W9)

____ Attachment H. Training/Staff Development Requirements

____ Attachment I. Insurance Requirements

____ Attachment J. Confidentiality Agreement

____ Attachment K. State Contract: Service Coordination and Service Provision for Child
Welfare and Juvenile Services

____ Attachment L. State Operations Manual

____ Attachment M: Incident/Critical Incident Report

____ Attachment N: Personnel File Audit Checklist

____ Attachment O: Weekly Subcontractor Employee List Format

____ Attachment P: Quarterly Foster Care Recruitment/Retention Update Format

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- _____ Attachment Q: Listing of Geopods
- _____ Attachment R: Service Delivery Geographic Designation Form
- _____ Attachment S: Conflict of Interest Policy
- _____ Attachment T: Agency Contact Information
- _____ Attachment U: Placement Agreement
- _____ Attachment V: Foster Parent Roles and Responsibilities

Subcontractor Representative - PRINT

Date

Subcontractor Representative Signature

Documentation to return with signed Standard Contract and this signature page:

- Current State of Nebraska Child Placing license (Foster Care, Group Home, Residential Safety providers only)
- Current accreditation certification
- Current Child Placing Policies and Procedures and any revisions
- Attachment F. Direct Deposit (if changes or not previously submitted)
- Attachment G. Employer (W9) (if changes or not previously submitted)
- Copy of Insurance coverage
- Verification and Acknowledgement form (this document)

Documents to Return within thirty (30) days:

- Current Recruitment plan (Foster Care Agencies only)
- Current training plan
- Disaster Plan (Foster Care and Group Home Agencies only)
- Current listing of all staff identified by:
 - Name, birth date, degree, numbers of years worked with the agency
 - Background checks last date completed by specified background checks as required. (This includes both supervisory and direct care staff.)