

**The following is a guide when completing a
MEDICAID PROVIDER ENROLLMENT APPLICATION**

The application – send to David LePere 1201 102n Ave. N., St. Petersburg 33716									
A letter on bank letterhead, signed by a bank official only with your routing number and account number on letter. Original signature only no copies. OR									
Void Check									
Medicaid Provider Agreement signed. (One for each Waiver if enrolling for DD & FSL)									
Application for New Location Code (Only if also enrolling for the FSL Waiver)									
W-9 with original signature (obtain from IRS) OR									
Copy of your Social Security Card									
Background Screening									
Local Law Check-please take to sheriff's office in the county where you live for completion and return									
Affidavit of Good Moral Character 08/10 form only									
Background Screening Through Live Scan –Pick Vendor on APD Web Site: http://apd.myflorida.com/background-screening/									
OCA # Required for all 05523340Z									
Live scan	ORI# Hillsborough & Manatee Counties:				FL921801Z				
Live scan	ORI# Pasco, Pinellas, Desoto Sarasota				FL921791Z				
REFERENCES									
Require Employee References 2 years Will Accept Under Special Circumstances. Personal Letters of Recommendation 2 Yrs									
Copy of your Driver's License Car Registration Auto Insurance									
Proof of adequate liability insurance.									
EDUCATION AND CERTIFICATES									
Copy of: High School Diploma or Equivalent									
Official College/University Transcript									
Copy of: Any licenses, certificates, training, Preservice Training (SL or SE)									
Person Care Assistant: Agencies required: License – Chapter 468, Part III or IV, F.S. Companion Agencies: Register as sitter/companion provider: 400.509, F.S. if not lic. As Home Health agency or a hospice.									
DEVELOPMENTAL DISABILITIES SUPPLEMENTAL APPLICATION									
The services you are enrolling for: Residential Habilitation									
Adult Day Training Support Coordination -24/7									
Supported Employment Supported Living Coach – 24/7									
The above require a DD supplement following the policies, practices and procedures stated in the Core Assurances, Section 3.0									
TRAINING CERTIFICATES									
HIV/AIDS 4 hr training CPR First Aid									

	HIPAA		Zero Tolerance		Core Competency
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