

**VENDOR APPLICATION**

DS 1890 (Rev. 07/2011) (Electronic Version)

Applicant Name					Federal Tax ID or SSN *
Name of Governing Body or Management Organization					
Mailing Address	(Street)	(City)	(State)	(Zip)	(County)
Service Address	(Street)	(City)	(State)	(Zip)	(County)
<i>(If different than mailing address)</i>					
Applicant (owner or executive director)			Telephone number		
			( )		
Type of Service to be Provided			Facility Capacity		
Identification of the type of consultants, subcontractors and community resources to be used by the vendor as part of its service					

**CERTIFICATION**

I hereby certify to the best of my knowledge and belief, this information is true, correct, and complies with Title 17, Section 54310(a).

Applicant's Signature	Date
	

**INSTRUCTIONS**

*Please read the Department of Developmental Services California Code of Regulations, available from the regional centers, prior to completing this form. Type or print this form. Mail to the regional center serving your area.*

*Attach applicable information outlined in Title 17, Section 54310(a)(10)*

- (A) Any license, credential, registration or permit required for the performance of the service or operation of the program, or proof of application for such document;*
- (B) Any academic degree required for performance or operation of the service;*
- (C) Any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency;*
- (D) The proposed or existing program design as required in Section 56712 and Section 56762, if applicable, for applicants seeking vendorization as community-based day programs;*
- (E) The proposed or existing staff qualifications and duty statements as required in Sections 56722 and 56724 for applicants seeking vendorization as community-based day programs;*
- (F) The proposed or existing design as required in Section 56780 for applicants seeking vendorization as in-home respite services agencies;*
- (G) The proposed or existing staff qualifications and duty statements as required in Section 56792 for applicants seeking vendorization as in-home respite services agencies;*
- (H) The signed Home and Community-Based Services Provider Agreement with the Department of Health Services, if required.*

*\* "Except for the Federal Tax ID or Social Security Number, all information provided by you on this form may be released to a member of the public pursuant to the Public Records Act, Section 6250 et seq. of the California Government Code."*

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Service Address	(Street)	(City)	(State)	(Zip)	(County)
<i>(If different than mailing address)</i>					
Applicant <i>(owner or executive director)</i>	You can put general or FMS, depending on the type of supports you plan to provide.			Telephone number	
Type of Service to be Provided				( )	
Identification of the type of consultants, subcontractors and community resources to be used by the vendor as part of its service	If you plan to have other work with you to provide these supports, specify here.			You can leave this blank.	

## CERTIFICATION

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## Vendor Appeals FAQ

These FAQs provide you with very basic information about vendor appeals. For additional information about vendor appeals, please read the [vendor appeal information on DDS' website](#).

### **Q. What Can I Do If Regional Center Denies My Request for Vendorization?**

**A.** Applicants who want to be a vendor may appeal any denial of a vendor application by following the below steps:

**Step 1:** An appeal is filed with the director of the regional center. You must file your appeal within 30 days of receiving the written denial. You will need to include specific information with your appeal – further details can be found on the DDS web page linked above.

The regional center director will issue a decision within 60 days of receiving your complete appeal package.

**Step 2:** If you are not satisfied with the regional center director's decision, you may appeal the decision to the Director of the Department of Developmental Services (DDS).

You file this appeal with the director of the regional center. You must file your appeal within 15 days of receipt of the regional center's decision. You will need to include specific information with your appeal – further details can be found on the DDS web page linked above. The regional center forwards the appeal to DDS within 15 days of receiving the appeal.

The DDS Director issues a decision within 60 days of receiving your appeal and all the information. A copy of the decision will be sent to you and the regional center within 15 days.