

Minimum Application Requirements for New Residential Providers

Completed Provider Application

Completed Budget and Staffing Worksheets

Returned DOJ criminal records check form and background information disclosure form for applicant and any relatives who live/work in the facility

Written Program Statement

Evidence of Financial Stability

- Evidence of sufficient operating capital or other financial backing to operate for 60 days
- Evidence that all utility accounts (gas, electricity, telephone) are current
- Evidence that staff payroll is current
- Proof that business, homeowners and vehicle insurance premiums are current
- The status of all current debts (monies owed) and loans (written or otherwise)
- Balance Sheet
- Savings and Checking Accounts and any other financial account current balances and accounts that may be in arrears
- Copies of county (non-CMO) contractual agreements
- Lease Agreements
- Contracts or agreements to ensure needed services are available for residents, i.e., food contracts, medical supply or service contracts, pharmacy agreement, etc.
- Evidence that all property, income, and employee withholding taxes are current
- Any relevant to determine financial stability to permit operation of the facility for at least 60 days
- Copy of most recent Audited Financial Statement if you receive State funding per Provider Agency Audit Guide

Applicant Resume or Curriculum Vitae – include professional certifications, licenses, and Professional Association memberships

Three Letters of Reference (former employers, contracting agencies or funding sources, etc) attesting to your professional qualifications and experience to operate a Residential Facility, and program performance evaluation

No outstanding repayment agreements with CMO or any other Milwaukee County program for which you are providing services

Copies of DHFS “No New Admissions Order, Admissions Suspension, or License Revocation” orders issued to any licensed facility that you operate(d) within past 5 years

No outstanding violations (with DHFS) on this or any other licensed facility that you operate

Copies of Formal Complaints regarding licensed operation and the disposition of each

Evidence of “Regular” Facility License (Not “Probationary”)

Internet Access and ability to conduct daily business electronically (i.e. email, electronic claims submission)

Copy of Insurance Certificate for this facility

Incomplete applications will be returned to sender.

Final contract decisions are dependent upon MCDA-CMO approval of application.