



**CUYAHOGA TAPESTRY SYSTEM OF CARE (CTSOC)  
PROVIDER SERVICES NETWORK (PSN)  
2011 PROVIDER APPLICATION**



Thank you for your interest in the applying for enrollment in the Cuyahoga Tapestry System of Care (CTSOC) Provider Services Network (PSN). The PSN is administered by CTSOC and provides services to clients enrolled in Tapestry.

**PSN Goal:**

The goal of the Provider Services Network is to provide a comprehensive array of sustainable, neighborhood-based wraparound services to clients enrolled in the Tapestry System of Care.

**PSN Objective:**

The Provider Services Network enables the wraparound team to match neighborhood services with a family's strengths and needs identified through the wraparound team process; services are requested monthly and monitored by the CTSOC ASO.

**Intended Outcomes of the PSN:**

1. Services requested will align with the Plan of Care/SNCD;
2. Services requested will address an immediate need/crisis and/or will be sustainable to assist the family in supporting themselves after formal services are terminated;
3. Family gains increased capacity for coping, planning, and problem solving;
4. Increased social support and community integration.

**Application Process:**

1. Complete the attached application (including all required exhibits). Submit the completed application and accompanying paperwork to Amanda Apathy at CTSOC, 1849 Prospect Ave., 3<sup>rd</sup> Floor, Cleveland, OH 44115, by **March 31, 2011**. Applications that are incomplete or submitted after the deadline will not be processed and vendor will be notified.
2. The application will be reviewed by CTSOC staff for completeness. Incomplete applications may be returned or rejected.
3. **All applications (including returning providers) offering MENTORING Services, RESPITE Services, and CAMP\*\* services must include a separate proposal including a detailed program description, agency Mentor guideline (for proposed Mentoring services only), unit cost justification (all rates are subject to CTSOC approval), and any applicable curricula.**
  - a. Applicants providing these services may be limited in 2011; historical provision of these services does not guarantee continued approval.
4. Approved applicants will receive a letter or email including notification of the approval status and request applicant to sign MOU. Should an applicant be denied, the applicant will be notified via email.
5. **All approved applicants are required to attend a 1 day wraparound training at CTSOC.**
6. Approved applicants location and services may be verified via CTSOC.
7. All approved applicants and accompanying MOUs are subject to approval by the County Executive and County Council.



# 2011 CTSOC PSN APPLICATION



Agency/Service Provider Name:		
Business Address:		
City:	State	Zip
Phone Number:	Fax No.	
EIN:		
Mailing Address (if different from above)		
City:	State	Zip
Website Address: <a href="http://www.">http://www.</a>		
Principal Owner:		Title
Email:		Dir. Dial
Agency Director:		Title
E-mail:		Dir. Dial
Primary Billing Contact:		Title
<b>Current Cuyahoga County Contractor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Nonprofit Agency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If your agency is a subsidiary of another agency, complete the following:</b>		
Parent Agency:		Phone
Business Address:		
City:	State	Zip
Contact	Dir. Dial	



I certify that all of the information contained in this application is true and accurate and that the agency and any person providing services to Cuyahoga Tapestry System of Care comply with all accrediting, certifications and licensure requirements to provide the proposed services. By signing and submitting this application and its attachments, I understand and agree to all requirements for participation in the Cuyahoga Tapestry System of Care Provider Services Network. I understand that information contained in this application and its attachments is subject to periodic verification without notice; that any misrepresentation on this form may result in a failure to qualify or disqualification from participation in the Cuyahoga Tapestry System of Care Provider Services Network.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Documentation Checklist for all Applications  
(all items are required to be considered for enrollment in PSN)**

<input type="checkbox"/>	Completed and signed application
<input type="checkbox"/>	IRS W-9 form
<input type="checkbox"/>	State of Ohio DMA form
<input type="checkbox"/>	Campaign Contribution Certification form
<input type="checkbox"/>	Proof of insurance
<input type="checkbox"/>	Background Checks for all employees who will work with or may come into contact with clients
<input type="checkbox"/>	Additional Documentation: References, professional licenses, and credentials if applicable.
<input type="checkbox"/>	Copy of Business License – State of Ohio Certification from Ohio Secretary of State <a href="http://www.sos.state.oh.us">www.sos.state.oh.us</a>
<input type="checkbox"/>	Criminal Background Checks (a State Criminal Background Check MUST be completed for ALL agency staff who will provide direct service or have client contact)
<input type="checkbox"/>	Attendance at 1 day wraparound tra
<input type="checkbox"/>	Respite Provider – proposal attached if applicable
<input type="checkbox"/>	Camp Provider – proposal attached if applicable