



# SNOQUALMIE INDIAN TRIBE VETERANS HEALTHCARE PROGRAM-IN HOME CARE FACILITY PROVIDER APPLICATION

## APPLICATION

The Snoqualmie Indian Tribe's Veterans Healthcare program provides financial assistance to help qualified Tribal Veterans with obtaining in-home care.

Providers must be a state licensed agency, bonded and insured business, with certified/licensed care givers or the care-giver must be an active state Certified Nursing Assistant (CNA) or similar healthcare professional. All providers must pass a criminal background check prior to approval to this program.

All payments for in-home care are paid directly to the facility provider. Changes in facility circumstances must be reported immediately to Snoqualmie Indian Tribe Veterans Healthcare Program. Changes include:

1. Change in care-giver – new position or staff that could have access to the Tribal Veteran.
2. Change/Updated certification status – copy of renewal cards when needed.
3. Change in care provided - changes in time being provided or termination of services.

**VENDOR NEEDED DOCUMENTS CHECKLIST:** ALL ITEMS WILL NEED TO BE PROVIDED TO OBTAIN CERTIFICATION WITHIN THE SNOQUALMIE INDIAN TRIBES IN-HOME CARE PROGRAM.

\_\_\_\_ Application

\_\_\_\_ State Credentials

\_\_\_\_ CPR & First Aid cards for care-giver

\_\_\_\_ Department of Health license

\_\_\_\_ W-9

\_\_\_\_ Background check forms or approval sheets for all staff providing care to Veteran.

\_\_\_\_ Copy of facility insurance.

\_\_\_\_ Policies and contract/agreement for services being rendered.



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

## VENDOR INFORMATION

Vendor Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Assigned Care-giver \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Phone (Primary contact number): \_\_\_\_\_

Email: \_\_\_\_\_

License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

## RATES AND FEES

INDICATE THE BILLING RATE FOR IN-HOME AT YOUR FACILITY (MAX OF 40 HOURS PER WEEK):

\$ \_\_\_\_\_ Hourly Rate

\$ \_\_\_\_\_ Weekly Rate

\$ \_\_\_\_\_ Monthly Rate

INDICATE THE BILLING RATE FOR ADDITIONAL CHARGES THE AGENCY MAY HAVE (I.E. HOUR  
OVERAGES, ADDITIONAL CHARGES ASSOCIATED WITH TRANSPORTATION, ETC.):

\$ \_\_\_\_\_ Additional Charges: \_\_\_\_\_

\$ \_\_\_\_\_ Additional Charges: \_\_\_\_\_



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## SAFETY STANDARDS & STATEMENT-----

Initial next to each safety standard:

- \_\_\_\_ Provider will not apply, nor allow anyone else in the facility apply, corporal punishment to any Veteran in their care.
- \_\_\_\_ Provider agrees to be trained in CPR and basic first aid and maintain a current status during the duration of the in-home care.
- \_\_\_\_ Provider ensures that all medications will be provided based on recommended/prescribed dosages and timeframes.
- \_\_\_\_ Provider will practice proper hand washing habits before working with a Veteran.
- \_\_\_\_ Provider will not smoke nor allow others to smoke during the period when in home care is being provided.
- \_\_\_\_ Provider will be made aware of at least two unobstructed exits to outside of the building.
- \_\_\_\_ Provider understands that they are required to submit all documentation and be certified by the Snoqualmie Tribe prior to any payments being issued.

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Knowingly and willingly giving false or fraudulent information on the application for the Snoqualmie Tribe Veterans Healthcare Program will be grounds for immediate termination of the program.

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

### APPLICATIONS CAN BE SCANNED, EMAILED, OR MAILED TO:

Snoqualmie Indian Tribe  
ATTN: General Resources –Veterans Program  
Mail: P.O. 969, Snoqualmie, WA 98065  
Email: Veterans@snoqualmietribe.us