**Elder Care Network Southeast (ECNS)**

**Request for Proposal (RFP) for Non-Homemaker Provider**

**Services Application Submissions Checklist**

Computer Hardware Software Minimum Requirements Certification Form

NOI (Homemaker Personal Care Providers only)

Service Proposal Chart

Towns of Coverage Chart

Administrative Overview and all required attachments

• Please make sure all questions are filled out completely and attachments are marked clearly

Service Specific Attachment(s) for services proposing

Rate Sheet

• Enter the rates for each service that you wish to contract

New Providers Only - 3 Business References

Mass Health Frail Elder Waiver Forms

• For new providers that are currently not contracted with any ASAP agency, and want to contract for any of the following services: Alzheimer Coaching, Chore, Companion, Environmental Accessibility Adaptations, Home Delivery of Pre-packaged Medication, Skilled Services (HHA, RN, OT, and PT), Laundry, Grocery Shopping, Laundry, Med Dispenser, Respite Care, Supportive Day Program and Transportation, please fill out all Mass Health Waiver forms.