**Elder Care Network Southeast (ECNS)**

**Non-Homemaker Services Request for Proposal (RFP) Checklist**

**\*Please submit all required application forms in a zipped folder.**

**New Providers**

[ ]  Service Proposal Chart

[ ]  Towns of Coverage Chart

[ ]  Administrative Overview and All Required Attachments (Responses must be complete and attachments clearly labeled)

[ ]  Service Specific Attachment(s)

[ ]  Rate Sheet (Enter rates for each service that you propose to contract for)

[ ]  Three (3) Business References

[ ]  Computer Hardware Software Minimum Requirements Certification Form

[ ]  MassHealth Frail Elder Waiver Forms (New providers not contracted with any ASAP for 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)

**Current Providers**

[ ]  Administrative Overview (Only attachments that have been updated within the past 3 years should be submitted)

[ ]  Service Proposal Chart

[ ]  Towns of Coverage Chart

[ ]  Service Specific Attachment(s)

[ ]  Rate Sheet (Enter rates for each service that you propose to contract for)