**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)