



## Provider Application for Home Access Professionals Home Modification and Home Access Program

Company Name: \_\_\_\_\_

Please mark areas of expertise for your company:

Stair lifts	Plumbing	Kitchens	Other specialties (list):
Vertical Lifts	Tile	Custom Trim	
Elevators	Electrical	Carpentry	
Ceiling lifts	Concrete	DME Equipment	
General Contractor	Ramps	Scooters	
Remodeler	HVAC	Vehicle Mods	
Special Needs Mods	Baths		

Please indicate manufacturers utilized for the following:

Ramps	
EZ Access	
National	
Prairie View Industries	
Access 4 You	
Other (please list):	

Stairlifts and Vertical Platform Lifts	
Handicare	
Harmar	
Bruno	
AmeriGlide	
Acorn	
Savaria	
Other (please list):	

Ceiling Lifts	
Gouldman	
Liko	
Prism/Handicare	
Arjo	
Surehands	
Other (please list):	

Barrier Free Showers	
Praxis	
Best Bath	
Onyx	
Other (please list):	



<b>Walk In/Transition Tubs</b>	
Rane	
Ella's Bubbles	
Therapy Tubs	
Hydro Dimensions	
Best Bath	
Other (please list):	

### **Application Checklist**

#### **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

- Completed application, in its entirety, utilizing the online or printable version
  - Please use ink when completing the paper application
  
- Signature page
  
- W-9 form completed and signed by provider
  
- Certificate of liability **and** workers compensation insurance
  - Home Access Professionals listed as additional insured
  - \$1,000,000 minimum coverage required
    - If you do not carry workers compensation, please indicate reason
  
- Please review the applicant and program requirements summary

Please email the completed application packet to:

[support@homeaccessprofessionals.com](mailto:support@homeaccessprofessionals.com)

**AND**

[robert@homeaccessprofessionals.com](mailto:robert@homeaccessprofessionals.com)

You may also fax your completed packet to 425-671-4921, or return via mail to:

40A Weston Street  
Hartford, CT 06120

## **Ownership Information**

1. Is this company owned by:
  - Individuals?
    - If company is owned by individuals, please ensure all owners are fully reported in the application document and that all owners sign the signature page
  - Publicly owned?
    - If company is publicly traded, please provide the following on company letterhead
      - a) Stock market symbol
      - b) List of all officers who have the authority to sign contracts on behalf of the company
        - Please note that any person with signing authority will need to sign the signature page
  - Owned by an entity, rather than by individuals?
    - If the company is owned entirely by another entity, please provide the following on company letterhead
      - a) Name of owner company
      - b) List of all officers who have the authority to sign contracts on behalf of the company
        - Please note that any person with signing authority will need to sign the signature page
          - i. In the event individuals own a portion of the company, with the remaining portion owned by an entity, we will need the information as described above for both the individuals and the entity
  - Please provide copies of your current licenses, as required by the states you do business in
    - Licenses will be required to be in the DBA name of your company
  - Please provide copies of certifications which document compliance with the Environmental Protection Agency's (EPA) Lead Renovation, Repair and Painting (RRP) program rule



### **General Provider Information**

**\*Only completed applications can be considered for sub contract provider membership\***

Provider/Company Name:			
DBA (doing business as – this is the legal company name you wish to use for business transactions):			
Primary Company Owner Name:		Primary Contact Name:	
Length of time company has been in business under this ownership: _____ Years _____ Months		Primary phone number:	
Alternate phone number:		Emergency contact phone number:	
Fax number:		Federal tax identification number:	
Number of employees:		Website address:	
Primary email address:		Other email address(es):	
Physical address:		Mailing address, if different than physical address:	
City:		City:	
State:	Zip code:	State:	Zip code:
Billing company:		Billing contact name:	
Billing address:		City:	
State:	Zip code:	Phone:	Fax:
Email address(es):			





### **Provider Insurance Information**

\*Please provide digital or photocopy of insurance documents\*

Type of Insurance	Insurance Carrier	Coverage Amount	Current Expiration Date
General liability			
Contractor's pollution or excess liability			
Workers Compensation			
Automobile			
Bailment coverage			
Other (please specify):			

### **Volume**

\*Please include information on the 3 most recent years\*

Year	% Residential Jobs	% Commercial Jobs	Largest \$ Single Job	Average Job \$ Amount

### **Additional Questions**

1. Do your employees wear uniforms?  Yes  No
2. Are your company vehicles marked?  Yes  No
3. Do your employees carry proper identification?  Yes  No
4. What percentage of your overall business is subcontracted? \_\_\_\_\_

## **References**

\*Please provide three references in each section\*

Material Supply References				
Company Name	Contact	Position	Phone Number	Email

Customer References				
Name	Additional Contact Name	Type of Project	Phone Number	Email

## Legal Issues

### Company and Individual Principal Questions

\*If you answer yes to any question, please provide an explanation with any additional sheets, as necessary\*

\*Upon review, additional information may be requested\*

Yes	No	
		Has your business or any principal been involved in any litigation in the last seven (7) years? If yes, provide explanation, including date resolved, opposing parties, state and county. If still ongoing, please provide current status.
		Has your business or any principal ever filed for bankruptcy? If yes, please provide current status.
		Has your business license or the professional license of any principal ever been suspended or revoked? If yes, please provide details.
		Has any principal ever used an alias? If yes, please provide alias.
		Has any principal ever been convicted of a felony? If yes, please provide an explanation, including dates, state and county.





### **Provider Policies and Procedures**

\*Please indicate whether you have a policy or procedure in place by checking yes or no, as well as indicating whether the policy/procedure is written\*

Yes	No	Written	Type of Policy/Procedure
			Employee continuing education
			Formal grievance procedures
			Customer/family instructions
			Teaching materials for customers
			Employee credential verification
			Employee criminal background checks
			Employee drug screening

### **Education/Additional Credentials**

\*Please list below\*

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### **Coverage Capabilities**

\*Please provide details on the coverage area of your company\*

States, counties and/or zip codes served:



## **Home Access Professionals Credential/Education Requirements**

Home Access Professionals requires ongoing education for home modification construction and home access. We require you possess the minimum credentials of:

1. CAPS certification from National Home Builders Association
2. CEAC from AHIA (we can provide a code for a reduced application fee)

## **Home Access Professionals System Requirements**

Home Access Professionals also requires sub contract providers to possess the following:

1. Cell phone
  - We require before, progress and completion photographs of all jobs
2. Computer
  - Our work orders and scope of projects are conveniently provided through BuilderTrend software. We require training for your team on the software to allow your team the ability to use either the computer software or the mobile application to upload photos, documents, permits and any other required paperwork

Print Name: \_\_\_\_\_

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

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