



CHECKLIST FOR NEW PROVIDERS

- _____ Read the Vendor Memorandum of Agreement carefully. Sign and date page 12 of the agreement. Return copy of the MOA; a signed copy will be mailed to you.
- _____ Complete Attachment A
- _____ Complete Vendor Contact Specification
- _____ Submit current license/certification from the State or other appropriate entity(ies).
- _____ Submit recent surveys or audits from other entity(ies).
- _____ Submit all applicable certificates of insurance. *Generations must be listed as additional insured.*
- _____ Complete VU Direct Deposit Authorization Agreement .
- _____ Complete w-9
- _____ Personal Emergency Response System Rate Specification sheet (IF APPLICABLE)

**ALL OF THE ABOVE STEPS MUST BE COMPLETED BEFORE THE
APPLCATION WILL BE APPROVED.**

Return completed application to:

**Cindi Trent Holloway, RN
Community Resource Coordinator
PO Box 314 1019 N. 4th Street
Vincennes, IN 47591**

**Phone: 812-888-4267
Fax: 812-888-4568
E-mail: cholloway@vinu.edu**

Area 13 Agency on Aging for Daviess, Dubois, Greene, Knox, Martin and Pike Counties

Please remember Generations in your giving plans this year.