

# Family Support 360 Provider Agreement

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Family Support Provider, initial each of the following items to assure understanding that:**

- \_\_\_\_\_ The LifeQuest Family Support Handbook was reviewed by the Family Support Provider (FSP).
- \_\_\_\_\_ The FSP has the responsibility to follow all LifeQuest rules and policies.
- \_\_\_\_\_ The FSP understands that the participant/family has the right to select, train, evaluate employees and dismiss the Family Support Provider, consistent with LifeQuest's policy.
- \_\_\_\_\_ The FSP understands if he/she does not return all required documents and forms to the Family Support Coordinator, LifeQuest will not process the Family Support Provider for hire.
- \_\_\_\_\_ The FSP understands that he/she cannot provide services for pay until approved for hire by LifeQuest.
- \_\_\_\_\_ The FSP understands that he/she must provide services within 60 days of the Family Support Provider's approval date or his/her employment will be terminated.
- \_\_\_\_\_ The FSP understands that time worked must be submitted within the current pay period.
- \_\_\_\_\_ The FSP understands that if he/she has not provided services in 12 months his/her employment will be terminated.
- \_\_\_\_\_ The FSP understands that Provider is a Special Part Time Employee and must maintain that status by working no more than 20 hours per week regardless of how many participants he/she serves.
- \_\_\_\_\_ The FSP understands that any employee providing services to participants of the Family Support 360 Program/Home and Community Based Services (HCBS) waiver is required to report alleged incidents of abuse, neglect and exploitation against children and adults with developmental disabilities.
- \_\_\_\_\_ The FSP understands that LifeQuest provides no automobile liability insurance coverage. If the Family Support Provider uses their own vehicle to provide transportation services, the Family Support Provider must provide LifeQuest verification of minimum of \$100,000 automobile liability coverage.

**CHECK ONE BELOW:**

- \_\_\_\_\_ Yes, I will be using a vehicle to transport participant(s).
  - **Attach a copy of your valid *driver's license* and *auto insurance policy*.**
- \_\_\_\_\_ No, I will not be using a vehicle to transport participant(s)

**I agree to the above Service Agreement, which is effective upon signature:**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**