



**TO:** Provider of Services under the Children's Services Act (CSA)  
**FROM:** Albemarle County Department of Social Services on behalf of the Albemarle County CPMT  
**SUBJECT:** Albemarle County CPMT FY2020 CSA Provider Agreement

Attached is a copy of the Albemarle County FY2020 **Non-Licensed** Provider Agreement that enables Albemarle County to purchase your services through CSA for the upcoming fiscal year, beginning July 1, 2019 and ending June 30, 2020. All signed Purchase of Service Orders (POSOs) will be subject to this signed Agreement. Please note that before Albemarle County is able to purchase or reimburse your services the following must be submitted: 1) the completed copy of this agreement with pages 1, 10 and 11 completed/signed and 2) the required documents as indicated below and in Exhibit B.

All providers are required to provide a copy of their current Rate Sheet effective July 1, 2019 - and dated as such - as part of the Agreement. *Please make sure your rate sheet includes service descriptions which accurately reflect what is provided.*

The following changes were made in the FY2020 CSA **Non-Licensed** Provider Agreement:

Section A.4. Purchase of Services Order, language added, "The **Buyer** may adjust or terminate the POSO at any time to comply with changes in state legislation."

In addition to signing this Agreement, you are required to send the following documents (also see Exhibit B):

- a) Provider Rate Sheet including a list or description of services (please note an effective date of July 1, 2019). **If you were an approved Albemarle County CSA Provider in FY19 and you are increasing your rates for FY20, please include a written notice of justification for the increase (per Section B.,3.)** Please note there has been a change to the CPMT policy regarding case conferencing. Refer to the local CPMT policy for this change at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA)
- b) IRS W-9 Form (Request for Taxpayer Identification Number and Certification);
- c) Background Check reports (*including Criminal/Virginia State Police Background; Child Protective Services Registry and Division of Motor Vehicles*); and
- d) Certificate of Insurance (per Agreement, Section J). **Please note that ALL providers are required to have comprehensive general liability insurance, and the Albemarle County CPMT must be named or indicated as an additional insured. The Certificate of Insurance should read: "The Albemarle County Community Policy and Management Team (CPMT), its officers, agents, and employees are named or indicated as additional insured on all listed insurance coverage, except for workers' compensation and professional liability, and are so endorsed to the policy." Any provider that provides transportation is required to meet the same additional insured requirement on their auto coverage.**

If you have erroneously received this e-mail please reply to this e-mail with the correct contact person. Please also let us know if you are not interested in being a provider. The blank CSA Provider Agreements will be made available July 1 on the Charlottesville/Albemarle CSA website at: [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA)

The completed Agreement and required documents should be submitted to the attention of **Micah Kayser**.

**Mail:** Albemarle County Department of Social Services, ATTN: Micah Kayser, P.O. Box 297, Charlottesville, VA 22902

**Fax:** (434) 244-4932, ATTN: Micah Kayser

**E-mail:** [mkayser@albemarle.org](mailto:mkayser@albemarle.org)

For questions regarding the CSA Provider Agreement and documents or for questions regarding CSA Administration, please contact the Albemarle County CSA Coordinator, Jennifer Wells at (434)972-4011 ext. 3836; [jwells2@albemarle.org](mailto:jwells2@albemarle.org)

For questions regarding Billing/Invoices and Payments, please contact the Albemarle County Fiscal Agent, Kevin Wasilewski at (434) 972-4011 ext. 3162; [kwasilewski@albemarle.org](mailto:kwasilewski@albemarle.org)

**FY2020 Children’s Services Act (CSA) Provider Agreement**  
*(Non-Licensed Provider version)*

**Introduction**

This Children’s Services Act (CSA) Provider Agreement (Agreement) is effective as of the 1st day of July, 2019, by and between the Albemarle County Community Policy and Management Team (CPMT), hereinafter referred to as the “**Buyer**,” and \_\_\_\_\_, hereinafter referred to as the “**Provider**.”

Whereas, the **Buyer** is authorized to enter into agreements for services pursuant to Virginia Code § 2.2-5200 et seq.; and

Whereas, this Agreement shall set forth the terms and conditions, parameters, guidelines, and expectations that must be met by any **Provider** of services to any and all children and/or families receiving services through the **Buyer**; and

Whereas, the Albemarle County Department of Social Services (ACDSS) is the Fiscal Agent for the **Buyer**; and

Whereas, the **Provider** has established itself as a qualified **Provider** of services for children and/or families, and meets all applicable State and Federal standards relative to such services to be provided hereunder.

NOW, THEREFORE, the parties do hereby mutually agree to the following terms and conditions:

**A. Purchase of Services Order**

**1. Requirement for POSO.** A Purchase of Services Order (POSO) shall be issued for any and all discrete services that are to be provided by the **Provider** for children and families receiving services through the **Buyer**. No services shall be administered to a child and/or family without a POSO authorizing such discrete services signed by the Fiscal Agent or an authorized representative of the **Buyer** and the **Provider**, or an initial letter of guarantee issued by an authorized representative of the **Buyer** which outlines the conditions of the guarantee and confirms that FAPT approval for the discrete services has been obtained. The **Buyer** shall issue a POSO as soon as is practicable after an initial letter of guarantee. **Provider** shall sign the POSO and comply with it in all respects as if it had been issued pursuant to Section A(1)(i).

**2. Contents of POSO.** The POSO shall define the terms of purchase and service delivery to a specific child and/or family. The POSO shall include the term of service, and the type of services to be rendered to the child and/or family. The child’s Individual Family Services Plan (IFSP) shall be considered by the **Provider** and the **Buyer** in determining the proposed objectives, the term of service and the types of services to be rendered to the child and/or family.

A POSO setting forth a description of the services and the duration thereof will be presented to the **Provider** on a child and/or family specific basis when the **Buyer** chooses to purchase services. The **Provider** shall charge the **Buyer** only as authorized by a POSO signed by the **Buyer’s** Fiscal Agent. The **Provider** shall charge only for actual services rendered. The charge shall not exceed the authorized amount on the POSO. Such POSOs are incorporated into this Agreement by reference. The **Provider** has the right to refuse to accept the **Buyer’s** POSO.

For all children and/or family receiving services from the **Buyer**, **Provider** and **Buyer** shall execute a POSO provided by the **Buyer**. **Provider** is hereby notified that although each

POSO is required to be prepared by the **Buyer**, it must also be accepted and signed by the **Buyer's** Fiscal Agent to become binding upon **Buyer**. Upon receipt of a proposed POSO, **Provider** shall sign and return such POSO to **Buyer** within five (5) business days.

**3. Charges under POSO.** The **Provider** agrees to charge the **Buyer** for only those services described in the POSO and in accordance with the Billing provisions of Section B of this Agreement. The **Provider** shall invoice for allowable, reasonable, and necessary service costs in accordance with the categories applicable to Title IV-E, Medicaid and other identified alternative funding source as directed by the **Buyer**.

**4. Adjustment or Termination of POSO by Buyer.** The **Buyer** may adjust or terminate the POSO at any time because of changes in the child's eligibility for or progress with services or if the **Buyer** deems it to be in the child's best interest to terminate the services and the POSO. The **Buyer** may adjust or terminate the POSO at any time to comply with changes in state legislation. In the event that the **Buyer** becomes unable to honor any or all approved POSOs for causes beyond the **Buyer's** reasonable control, including, but not limited to, failure to receive promised funds from federal, state, or local government sources or donor default in providing matching funds, the **Buyer** may terminate or modify any or all POSOs issued pursuant to this Agreement as necessary to avoid delivery of services for which the **Buyer** cannot make payment. The **Buyer** shall notify the **Provider** immediately when **Buyer** becomes aware of such a cause for termination.

**5. Termination of POSO by Provider.** In the event of **Provider's** termination of a POSO, all reasonable efforts will be made to give the **Buyer** ten (10) days written notice prior to termination of services to the child, unless there are extenuating circumstances making it impossible for ten (10) days notice, than such notice shall be as soon as practicable. Written notice shall include the specific reason(s) for terminating services to the child.

**6. Termination of POSO for Conduct of Provider and Provider's Employees.** The **Provider** is responsible for the conduct of its employees at all times during the delivery of services hereunder. Should a complaint be made against any of its employees for inappropriate conduct, as determined by the **Buyer**, the **Provider** shall remove that person from the job immediately and for the duration of this Agreement and any POSOs. If a complaint about the **Provider's** conduct is received, and the complaint is deemed by the **Buyer** to indicate inappropriate conduct on the part of the **Provider**, the **Provider** agrees that the **Buyer** has the right to terminate this Agreement and all POSOs between the **Buyer** and the **Provider** immediately. The **Provider** shall receive payment for all services rendered prior to the time of termination under this provision.

## **B. Billing**

**1. Monthly Billing.** The **Provider** shall bill the **Buyer** on a monthly basis by returning the completed **Buyer** invoice each month for all services rendered to a child and/or family pursuant to a POSO within a single billing cycle. Billing cycles shall be one month long. The **Buyer** agrees to mail payment for all correct invoices within forty-five (45) days of receipt of the invoice. **The Buyer shall not be obligated to pay and the Provider shall not be entitled to demand payment for services rendered to a child when the Provider fails to submit an invoice to the Buyer for such services within forty-five (45) calendar days following the end of the billing cycle during which such services were provided.**

**\*\* Under no circumstance will the Buyer be required to make payment for services rendered in FY2019 after August 31, 2019. Under no circumstance will the Buyer be required to make payment for services rendered in FY2020 after August 31, 2020.\*\***

**2. Content of Invoices.** The invoice shall identify the CSA-eligible child, the services authorized for the child and/or family member(s), the date of service, and the quantity or length of service. The amount billed for services shall be the amount agreed upon in the POSO authorizing services

to the child and/or family member(s) to whom the service was provided. The **Provider** agrees to bill and the **Buyer** agrees to pay for only those services authorized by the POSO for a specific child and/or family. The **Provider** shall bill the **Buyer** for the actual number of hours and fifteen (15) minute increments of service provided to the child and/or family.

The **Provider** shall not charge or accept from the **Buyer** more than the **Provider** charges all **Buyers** of the same service. Additionally, the **Provider** shall not invoice the **Buyer** a greater number of units of any service than are specified in the POSO unless the **Buyer** specifically authorizes such increase in writing. The **Provider** shall invoice the **Buyer** only for services actually delivered. The **Provider** shall not submit any billings for services provided prior to the "Effective Date" of the POSO. The **Provider** shall invoice the **Buyer** each calendar month on invoice forms supplied by the **Buyer**, and shall submit an invoice showing no services delivered pursuant to a POSO for any month in which services are not delivered. Invoices, which are correct and are received by the **Buyer** shall be processed and paid no later than forty-five (45) calendar days from receipt of invoice. Invoices received which are not correct shall be returned to the **Provider** for correction.

**3. Incorrect Invoices.** The **Buyer** shall return incorrect invoices without payment to the **Provider** for correction within forty-five (45) days of receipt of the invoice.

Within fifteen (15) days of receipt of the returned invoice, the **Provider** shall correct any incorrect invoice and re-submit the corrected invoice to the **Buyer** for payment. If the **Provider** finds that the invoice is correct, the **Provider** shall forward a written explanation for the invoice with supporting documents to the **Buyer** within fifteen (15) days of receipt of the returned invoice. If the **Provider's** notification and supporting evidence are not received by the **Buyer** within the fifteen (15) day limit, then the **Buyer** shall not be obligated to make payment upon any disputed portion of the invoice. The **Provider** shall immediately notify the **Buyer** of any overpayment for services by the **Buyer**.

**4. Incorrect Payment.** If the **Provider** feels that a payment received for services invoiced is incorrect, the **Provider** must notify the **Buyer** in writing of the questioned payment within forty-five (45) calendar days after the receipt of the payment. Supporting evidence must accompany such notification. The **Buyer** must correct any error found or respond in writing to the **Provider** why no error exists within the forty-five (45) calendar days after the receipt of the **Provider's** notification. If the **Provider's** notification and supporting evidence are not received by the **Buyer** within the forty-five (45) calendar day limit, the **Buyer** is not obligated to make any adjustments to the questionable payment. If the **Provider** feels that the payment received for services invoiced was an overpayment, then the **Provider** must notify the **Buyer** immediately.

**5. Double Billing.** The **Provider** guarantees that any costs incurred pursuant to this Agreement shall not be included or allocated as a cost of any other federal, state, or locally financed program in either the current or a prior period.

No fee shall be imposed by the **Provider** upon the child and/or family pursuant to this Agreement.

**6. Disputes.** Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement which is not disposed of by negotiation and agreement shall be referred to the CPMT for further consideration. Their decision is final and shall be reduced to writing which the CPMT shall give to the **Provider**. This provision shall not preclude the **Provider** from exercising any rights under the law for failure of the **Buyer** to comply with the terms of this Agreement.

### **C. Accounting and Record Keeping**

The **Provider** and any subcontractor shall maintain an accounting system and supporting records adequate to assure that claims for funds are in accordance with applicable state, federal and appropriate accrediting agency requirements. Such supporting records shall reflect all direct and indirect costs of any nature expended in the performance of this Agreement and all income from any source. If required, the **Provider** shall also collect and maintain fiscal and statistical data pursuant to the servicing of this Agreement and any POSO for a child under the supervision or authority of the **Buyer** on forms designated by the **Buyer**.

The **Provider** shall maintain and retain all books, records, and other documents relative to this Agreement and any POSO for a child and/or family receiving services through the **Buyer** for three (3) years after any final payment pursuant to this Agreement and any POSO for a child and/or family receiving services through the **Buyer** or as long as necessary for purposes of any unresolved state or federal audit. The **Buyer**, its authorized agents, and State and Federal auditors shall have full access to and the right to examine any of the said materials during an audit or specific to children served by this Agreement during said period. In the event an audit shows that **Provider** expended or received **Buyer's** funds improperly, **Provider** shall provide full restitution to **Buyer**.

Reports, studies, photographs or other documents prepared by **Provider** in the provision of services to **Buyer's** client(s) shall be the property of **Buyer**. **Provider** shall not use, willingly allow to be used, or cause such materials to be used for any purpose which has not been authorized by **Buyer**.

To the extent HIPAA regulations apply to any documents or information coming into **Provider's** possession, **Provider** agrees to comply with such rules and regulations.

### **D. Services**

**1. Quality.** The **Provider** shall provide services at or above the quality standard in the industry at which the service is rendered. The description of services shall be provided along with the published **Provider's** Rate Sheet at the execution of this Agreement. The **Provider** shall permit representatives of the **Buyer** to conduct program and facility reviews to assess service quality and compliance with the IFSP of any child under the supervision or authority of the **Buyer**. Such reviews shall include, but are not limited to, meetings with consumers, review of services records, review of service policy and procedural issuance, review of staffing ratios and job descriptions, review of financial records pertaining to any child and/or family receiving services through the **Buyer**, and meeting with any staff directly or indirectly involved in the provision of services to any child and/or family receiving services through the **Buyer**. Such reviews may occur as deemed necessary by the **Buyer** and may be unannounced. **Buyer** may employ or retain the services of a Utilization Review Clinician. **Provider** shall allow **Buyer's** Utilization Review Clinician access to its facilities and to **Provider's** books and records relating to services paid for by **Buyer** and rendered to **Buyer's** clients (subject to applicable legal requirements). Further, upon request, **Provider** shall complete such additional forms or reports as may be requested by the Utilization Review Clinician in the performance of his or her official responsibilities.

**2. Changes.** The **Provider** shall notify **Buyer** of any changes in service delivery, which alter the level or quality of service provided, or the expected outcomes set forth at the initiation of the contracted service. Substantial changes in the proposed delivery of services from that stated by the **Provider** or that is stated in the published **Provider's** Rate Sheet, whether actual or anticipated, such as, but not limited to, changes in services quality, key personnel, ability to provide specified volumes of services, submitted budgetary data, or compliance with applicable State

and/or Federal standards shall be reported in writing to the **Buyer** within five (5) days of the occurrence.

**3. Rates.** The rates for services provided to a specific child and/or family by the **Provider** shall be set forth in the POSO for the child and/or family. The **Provider** may not increase the rate for any service described in a POSO during the term of this Agreement. The **Provider** is requested to have all services and rate information entered and up-to-date in the CSA Service Fee Directory by the beginning of the Agreement year.

The **Provider** shall provide to the **Buyer** written notice of any planned rate increase thirty (30) days prior to the initial month of the **Buyer's** next fiscal year. Such written notice shall contain the justification for the increase and shall be submitted to the **Buyer's** Fiscal Agent.

Services shall be provided at the rate(s) published by **Provider** on the **Provider** Rate Sheet as of July 1 of the fiscal year in which the services were delivered, and/or Medicaid rate(s) for applicable fiscal year. The July 1 rate shall be specified within the POSO executed by **Provider** and **Buyer** for a specific client, and **Provider** shall not charge **Buyer** a higher rate during that fiscal year. All rates specified within a POSO shall be inclusive of any and all costs, of whatever nature (including incidentals or reimbursable items) for which **Buyer** may be charged by **Provider**. The **Provider** shall immediately notify **Buyer** if the rates or fees contained in any POSO are lowered during the period covered by the POSO, whereupon, **Buyer** shall be entitled to require **Provider** to amend existing POSOs to conform to the lower rate(s). Mileage reimbursement shall be no greater than the applicable IRS mileage rate. Certain reimbursements from the **Buyer** may be limited to rates established by CPMT policy, and such policy establishing rate limits can be accessed at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA).

**4. Payment for Court Testimony.** The **Provider** acknowledges that by the nature of the services rendered pursuant to this Agreement there exists the possibility that evidence and/or testimony will be needed from the **Provider** and its employees and agents. Unless such testimony is compensable expert testimony as defined below, court appearances and testimony shall not be compensable.

The **Buyer** may reimburse the **Provider** for expert witness court testimony when the **Provider** is subpoenaed as a witness by the Guardian ad Litem. The court defines expert witnesses to be those with specialized knowledge, skill, experience, training, or education, those maintaining certain licenses to perform their work, and those who have conducted training in a particular subject or who have authored writings pertaining to a particular subject. A court may qualify someone expert if a previous court has recognized him or her to be so. An expert witness is further defined as one who will synthesize and analyze facts, draw inferences from facts, circumstances, or data, and prepare and render an opinion. Expert witnesses are expected to provide expert opinions on expectations for future progress or improvement and for opinions on what would be needed to obtain such progress in light of clinically identified barriers. Expert witnesses are also able to shed light on a topic about which a "fact finder" is not familiar and to assist the Trier of fact to understand the evidence or to determine a fact in issue.

The **Buyer** will *not* reimburse the **Provider** for court testimony when the **Provider** is considered a "fact witness." "Fact witnesses" are those who testify about compliance with services or recount facts observed as an eyewitness and do not offer expert witness testimony.

**5. Requirements for Mentoring.** **Providers** of CSA funded "mentoring" services (as defined by the *OCS Standardized Service Name*) represent and warrant that the mentors (1) have received some form of First Aid training, (2) have received some form of Mental Health First Aid training, (3) have completed Mandated Reporter training, and (4) meet Professional Expectations as provided by an agency's Code of Ethics and/or the "Standards of Conduct" provided by the CPMT. Any misrepresentation of these requirements shall constitute a breach of the terms of the **Provider**

Agreement and shall terminate the agreement without written notice and without financial obligation on the part of the CPMT to pay the **Provider's** invoices.

#### **E. Service Reports**

**1. Service Plans.** Within forty-five (45) calendar days of the commencement of any services to a client, **Provider** shall submit a written service plan to **Buyer**. Said plan shall include at a minimum the following information: short and long-term goals and anticipated time of completion.

**2. Quarterly Reports.** **Provider** shall submit written progress reports to **Buyer** on a quarterly basis, or monthly if required by the **Buyer** for a particular client. Quarterly progress reports shall include at a minimum the following information: Statement of goals and objectives and progress made toward these goals, positive and negative progress made toward these goals during the quarter, any significant incidents, summary of any changes that might reflect outcomes of the service intervention; and a review of service goals and objectives, with revision of goals as needed, estimate of length of service, and preliminary discharge plans.

**3. Termination Reports.** Upon termination of services to a client, **Provider** shall submit a written termination report to **Buyer** within thirty (30) days of the last day on which services were provided.

**4. Failure to Report.** If the **Provider** fails to provide any written service plan and progress reports in a timely manner, the **Buyer** shall withhold payment of **Provider** invoices until they are received.

#### **F. Additional Responsibilities of Provider**

**1. Participation in meetings.** The **Provider** is responsible for participation in FAPT meetings as requested by the **Buyer** and shall provide a designee to attend a meeting if the client's assigned worker is not available.

**2. Complaints.** In the event that a child and/or families receiving services through the **Buyer**, submits a complaint to the **Buyer** concerning the **Provider**, the **Provider** shall promptly provide all verbal or written information or documents within its control relevant to such complaint to the **Buyer** upon a request by the **Buyer** for such information.

Additionally, in the event that a child and/or family receiving services through the **Buyer** registers a grievance, requests a fair hearing, or submits an appeal, the **Provider**, its agents and employees agree to appear on request of the **Buyer** in any proceedings arising from such claim and provide all verbal or written information or documentary evidence within their control relevant to such claim.

#### **G. Employee Background Checks**

**Provider** agrees to complete annual background checks required by **Buyer** to include a Virginia State Police criminal background record check and a check through the Virginia Child Protective Service Registry. **Provider** agrees and certifies that all of its individuals providing services, including any volunteers working under the **Provider's** supervision and providing services to or having contact with a client placed with or served by the **Provider** has successfully completed a Virginia State Police criminal background record check and a check through the Virginia Child Protective Service Registry or the State in which such services are being rendered. If it is known that the employee, staff, or any volunteer, has moved from another state and has worked with children within one year of his or her employment, then the previous State must also be checked. If the **Provider** is notified that any of its employees are named in a child protective service registry, then the **Provider** will immediately notify the **Buyer** and remove the employee from working with any clients. **Provider** shall require all employees as a condition of

employment to report when they become subject of a validated CPS complaint and to report when they are charged with any criminal offense. Provider shall then promptly report the same to **Buyer**. For those **Providers** who provide transportation services, a Division of Motor Vehicle check is also required for all employees providing this service. Providers who provide transportation services shall also require all employees as a condition of employment to report to Provider when charged with a traffic-related criminal offense or a traffic offense. **Provider** shall then promptly report the same to **Buyer**. The **Provider** comply with its State's laws, regulations and licensure requirements relating to the conducting of criminal and DMV checks of its employees. **Providers** are required to provide a current copy of all such background checks as may be requested by the **Buyer**.

#### **H. Subcontracts**

The **Provider** shall not enter into any subcontract for any of the services provided and/or approved under this Agreement.

#### **I. Non-Employees**

Neither the **Provider** nor the **Provider's** employees, assignees, or subcontractors shall be deemed employees or agents of the **Buyer** while performing services pursuant to and/or under this Agreement.

#### **J. Insurance**

The **Provider** shall, at its own expense, be responsible for its services and every part thereof, and for all personnel, materials, tools, equipment, appliances and property of any and all description used in connection therewith. The **Buyer** shall in no event be responsible for any direct or indirect damage of injury to the property or persons used or employed by the **Provider** on or in connection with the services contracted for, or any damage or injury to any person or property, wherever located, resulting from any action, omission, commission or operation under the Agreement. The following insurance coverage is required of the **Provider**, unless agreed to otherwise by the **Buyer**:

1. The **Provider** agrees to maintain (i) Workers' Compensation insurance coverage as required by statute and (ii) Employers' Liability insurance in limits of not less than \$500,000 to protect the **Provider** from any liability or damages for any injuries (including death and disability) to any and all of its employees, volunteers or subcontractors, including any and all liability or damage which may arise by virtue of any statute or law in force within the Commonwealth of Virginia, or which may be hereinafter enacted.

**Workers' Compensation is not required because Provider does not meet the Virginia statutory requirement** (Virginia law requires that an employer who regularly employs more than two part-time or full-time employees carry workers' compensation. If a business hires subcontractors to perform the same trade, business or occupation, or to fulfill a contract, the subcontractor's employees are included when determining the total number of employees for coverage requirements. Executive officers also count as employees. If the total number of all employees is more than two, workers' compensation is required. Workers' compensation is mandatory for those employers who meet the requirements under the law.)

2. The **Provider** agrees to maintain comprehensive general liability insurance in the amount of \$1,000,000 per occurrence/\$2,000,000 general aggregate, to protect the **Provider**, its subcontractors, its officers and employees against any and all injuries to third parties, including



bodily injury, property damage, and personal injury, resulting from any action or operation under the Agreement or in connection with the agreed work.

3. If applicable to this agreement, the **Provider** agrees to maintain owned, non-owned and hired Automobile Liability Insurance, in the amount of \$1,000,000 per occurrence/aggregate, including property damage, covering all owned, non-owned, borrowed, leased, or rented vehicles operated by the **Provider**.

Not required because **Provider** does NOT provide transportation.

4. The **Provider** agrees to provide insurance through self-insured programs or by companies acceptable to the **Buyer** and authorized to do business in the Commonwealth of Virginia.

5. The **Provider** shall provide a copy of a Certificate of Insurance, evidencing such insurance and such endorsements as prescribed herein, and shall have it filed with the **Buyer** at the time of the signing of this Agreement. **On this Certificate of Insurance, the Buyer shall be named or indicated as an additional insured for comprehensive general liability and also for automobile insurance if the Provider will be transporting the client(s).**

6. No change, cancellation or non-renewal shall be made in any insurance coverage without a forty-five (45) day written notice to the **Buyer**. The **Provider** shall furnish a new certificate prior to any change or cancellation date. The failure of the **Provider** to deliver a new and valid certificate shall result in suspension of all payments until the new certificate is furnished.

7. Unless otherwise specified, insurance required by this Agreement shall be in full force and effect throughout the Agreement term. If the **Provider** fails to provide the **Buyer** with acceptable evidence of current insurance within ten (10) days after written notice during the Agreement term, the **Buyer** shall have the absolute right to terminate the Agreement without any further obligation to the **Provider**.

8. If an "ACORD" Insurance Certificate form is used by the **Provider's** insurance agent, the words, "endeavor to"...but failure to mail such notice shall impose no obligation or liability of any kind upon the company" in the "Cancellation" paragraph of the form shall be deleted.

9. Nothing contained herein, or in the provisions of any POSO, shall be construed as a waiver of any sovereign or governmental immunity afforded by law to **BUYER**, its agents, employees or representatives.

## **K. Indemnity**

The **Provider** shall indemnify, defend and hold harmless the **Buyer**, the County of Albemarle, and ACDSS, and their officers, agents and employees from and against any and all losses, liabilities, claims, damages and expenses including court costs and reasonable attorneys' fees arising from any material default or breach by the **Provider** of its obligations specified in this Agreement, as well as all claims arising from errors, omissions, negligent acts or intentional acts of the **Provider**, its officers, agents employees and subcontractors.

**Buyer** assumes no responsibility or liability for any damages suffered by **Provider** by reason of the willful or malicious destruction of, or damage to, any property of **Provider** by any client, and **Provider** shall not seek or demand reimbursement or payment of any such damages from **Buyer**.

## **L. Confidentiality**

Any information obtained by the **Provider** pursuant to this Agreement shall be treated as confidential. Use and/or disclosure of such information by the **Provider** shall be limited to the purposes directly connected with the **Provider's** responsibility for services under this Agreement.

Both parties further agree that this information shall be safeguarded in accordance with the provisions of the Code of Virginia, as amended, and any other relevant provisions of state or federal laws.

#### **M. Adherence to Law**

This Agreement is subject to the provisions of the Code of Federal Regulations, the amendments thereto, and all relevant state and local laws, ordinances, and regulations. The **Buyer** may modify this Agreement to comply with any requirements mandated by federal, state or local law by giving written notice of said modification to the **Provider**. The Agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the laws of the Commonwealth of Virginia. Any legal action arising out of or in connection the parties' contractual relationship shall be commenced and prosecuted in the state or federal court presiding over and within the County of Albemarle, Virginia. The **Provider** accepts the personal jurisdiction of any court in which an action is brought pursuant to this Agreement for purposes of that action and waives all defenses to the maintenance of such action.

#### **N. Adherence to Local Practice**

**Provider** shall adhere to and abide by the locality Community Practice Model outlined on the local CSA website in the provision of all services to children and families served hereunder. These provisions are attached hereto and made a part hereof as **Exhibit A**. They may also be found at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA).

#### **O. Force Majeure**

Neither party hereto shall be held responsible for delay or failure to perform hereunder when such delay or failure is due to acts of God, flood, severe weather, fire, epidemic, strikes, the public enemy, legal acts of public authorities or delays or defaults of public carriers, which cannot reasonably be forecast or provided against.

#### **P. Term of Agreement and Termination**

**1. Term.** The terms of this Agreement shall commence and be in full force and effect on July 1, 2019 and terminate on June 30, 2020. This Agreement does not involve a definite financial obligation on the part of the **Buyer**, although the **Buyer** shall use this Agreement for the procurement of services for individual clients as specified and for which payment shall be made by the **Buyer**. The **Provider** shall only charge for those services listed and described in the FY20 **Provider** Rate Sheet, provided with this agreement. This Agreement and each fully executed POSO shall constitute the contractual agreement between the **Provider** and the **Buyer**. Under no circumstance will the Buyer be required to make payment for FY2020 after August 31, 2020.

**2. Termination.** The Agreement shall terminate on June 30, 2020. However, if the **Provider** fails to comply with any part of this Agreement the **Buyer** may terminate or revise the whole or any part of this Agreement before June 30, 2020, and collect from the **Provider** any funds paid by the **Buyer** which are related to the **Provider's** failure to comply.

#### **Q. Notices**

Any written notices required or in connection with this Agreement shall be effective when delivered in person or sent by United States mail, postage prepaid, to the following persons and addresses:

**Buyer:**  
**CPMT**  
Attn: Fiscal Agent  
Kevin Wasilewski  
P.O. Box 297  
1600 5<sup>th</sup> Street, Suite A  
Charlottesville, Virginia 22902

**Provider:**  
Name: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**R. Non-appropriation**

All payment under this Agreement is subject to adequate appropriation by the Albemarle County Board of Supervisors. In the event that the Albemarle County Board of Supervisors fails to appropriate adequate funds for this Agreement, this Agreement shall immediately and automatically terminate, and CPMT will be obliged to pay **Provider** for all services performed prior to termination but shall have no obligation for any unperformed services.

**S. Miscellaneous**

**1. Additional Provisions.** Any document referred to in this Agreement but not attached hereto is hereby incorporated in this Agreement by reference

**2. Merger.** This Agreement, including all documents incorporated herein, constitutes both a complete and exclusive statement and the final written expression of all the terms of this Agreement and of the entire understanding between the **Provider** and the **Buyer** regarding those terms. No prior written agreements or contemporaneous or prior oral agreements between the **Provider** and the **Buyer** regarding this Agreement’s subject matter shall be of any effect.

**3. Modification.** This Agreement shall not be amended, modified, or otherwise changed except by the written consent of the **Provider** and the **Buyer** given in the same manner and form as the original signing of this Agreement.

**4. Order of Precedence.** Where there exists any inconsistency between the provisions of this Agreement and the provisions other documents that have been incorporated into this Agreement by reference or otherwise, the provisions of this Agreement shall control.

**5. Prior Agreements.** This Agreement supersedes all payment provisions in placement agreements or any prior agreements that may be in effect between the **Provider** and the **Buyer**, the Albemarle County CPMT.

**6. Waiver.** The failure of the **Buyer** to enforce at any time any of the provisions of this Agreement, or to exercise any option which is herein provided, or to require at any time any performance by the **Provider** of any of the provisions hereof, shall in no way affect the validity of this Agreement or any part thereof and shall not affect the right of the **Buyer** to thereafter enforce each and every provision.

**7. Remedies Cumulative.** All remedies afforded in this Agreement shall be construed as cumulative, that is in addition to every other remedy provided herein or by law.

**8. Severability.** If any part, term, or provision of this Agreement is held by a court of competent jurisdiction to be in conflict with any state or federal law, the validity of the remaining portions or provisions shall be construed and enforced as if this Agreement did not contain the particular part, term or provision held to be invalid.

**9. Captions.** This Agreement includes the captions, headings and titles appearing herein for convenience only. Such captions, headings and titles shall not affect the construal, interpretation or meaning of this Agreement.

**10. Agreement Construal.** Neither the form of this Agreement, nor any language herein, shall be interpreted or construed in favor of or against either party hereto as the sole drafter thereof.

**11. Discrimination.** Neither the **Provider** nor any subcontractor shall discriminate against employees or applicants for employment or deny any individual any service or other benefits provided under this Agreement pursuant to all requirements of the National Civil Rights Act of 1964 as amended. Additionally, **Provider** shall comply with *Virginia Code* § 2.2-4311 (prohibiting employment discrimination), § 2.2-4311.1 (prohibiting knowing employment of unauthorized aliens), and § 2.2-4312 (requiring a drug-free workplace).

As a recipient of federal funds, ACDSS and the Albemarle CPMT recognizes its responsibility to comply with Title VI of the Civil Rights Act of 1964, and its implementing regulation (45 C.F.R. Part 80). Pursuant to those provisions, ACDSS and the Albemarle CPMT will take reasonable steps to ensure meaningful access to programs and activities by persons who are limited English proficient.

**12. Binding.** No document other than these general terms and conditions and a POSO executed by both **Buyer** and **Provider** shall bind or obligate **Buyer** to the **Provider**, unless such document is signed by an authorized Fiscal Agent of **Buyer**.

**13. Required Documents.** The documents listed in **Exhibit B** shall be submitted to the CPMT upon execution of this Agreement, unless otherwise agreed to by the **Buyer**.

**T. Signatures.** By affixing signatures below, the **Buyer** and the **Provider** do hereby agree to the terms and conditions of this Agreement.

**Provider:**

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

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

Title: \_\_\_\_\_

**Buyer:**

\_\_\_\_\_  
**Signature** **Date**  
Albemarle County CPMT Chair

**Buyer:**

\_\_\_\_\_  
**Signature** **Date**  
Kevin Wasilewski,  
Chief of Business Services/CPMT Fiscal Agent

**EXHIBIT A – Community Practice Model**  
**EXHIBIT B – Checklist of Required Documents**

## Exhibit A

# Children's Services Act Charlottesville/Albemarle Community Practice Model

**Vision:** Children live safely and productively with their families and in their schools and communities.

**Mission:** The CSA System uses highly collaborative, responsive, and cost effective policies, procedures, and structures to flexibly and creatively support children and their families.

**Core Values:** *Connected. Young people thrive with caring adults and families*  
*Engaged. Families and young people are engaged in decisions about their care*  
**Productive. Services are meaningful and responsive to children's needs**  
*Local. Children are best served in their home communities*

### *Overall Beliefs*

1. believes that, when possible, children are best served when families are provided the supports necessary to raise them safely, that services should prevent family disruption, and that keeping children and families together is the best possible use of resources.
2. believes that every child has a right to connections with biological family and other caring adults, that life-long family connections are critical for children, and that family connections, which consider the child's wishes, should be promoted and preserved.
3. believes that congregate placements should focus on children's needs, be family-focused, temporary, and prepare them for return to family and community life.

### *Collaboration*

1. is committed to working collaboratively (sharing our purpose, role, concerns, decisions, and responsibility), to holding each other accountable for quality service planning and delivery, to working as an interdisciplinary team with diverse areas of expertise and skills, and to communicating with genuineness, empathy, and respect.
2. is committed to continually developing a community practice model, including using joint, interagency trainings to promote knowledge and the shared practice model across the community.
3. is committed to aligning infrastructure and available resources to support the community practice model.
4. is committed to collecting and sharing data and information for the benefit of children, families, and the service community.

### *Approach*

1. is committed to preserving children's safety as a first priority, maintaining timely and thorough safety responses, and separating children from dangerous caregivers.
2. is committed to parents never having to relinquish custody unnecessarily to receive services for their children.
3. is committed to kinship care as a priority over foster care.
4. is committed to achieving permanent, safe, nurturing families for children.
5. is committed to hearing, valuing, and considering the voices of children and families in the decision making process and to support meaningful family and youth participation and engagement in service planning and delivery, as well as in policy and service development;
6. recognizes families as experts about their own families.
7. is committed to treating children and families with dignity and respect, as well as to preserving and protecting each individual's right to self-determination.
8. is committed to being strengths-based, and to serving each unique family with innovation, flexibility, creativity, and responsiveness (e.g., timely, effective, and efficient services).
9. is committed to being culturally proficient and linguistically accessible to all families, and to valuing family perspectives, goals, and plans.

### *Continuous Improvement*

1. is committed to continuous development of the local service array, such that comprehensive and least restrictive services are available in our community.
2. is committed to using data to inform management, practice, and policy decisions

## Exhibit B

# Checklist of Required Documents

A copy of the documents listed below must be submitted along with a signed copy of this Agreement.

- ✓ **Provider Rate Sheet including List or Description of Services and explanation of rate increase (per Agreement, Section D, 3.)**

*(Please note on the rate sheet an effective date of July 1, 2019)*

- ✓ **IRS W-9 form (Request for Taxpayer Identification Number and Certification)**

- ✓ **Annual Background Check Reports (forms and instructions on completing are included):**

**Criminal/Virginia State Police Background**

**Child Protective Services Registry**

**Division of Motor Vehicles (required if transporting clients)**

- ✓ **Certificate of General Liability Insurance (per Agreement, Section J.,2.)**

*(Please note that all providers are required to have comprehensive general liability insurance, and the Albemarle County CPMT must be named or indicated as an additional insured.)*

- ✓ **Certificate of Automobile Liability Insurance (per Agreement, Section J.,3.)**

*(Please note that all providers who provide transportation are required to have automobile liability insurance, and the Albemarle County CPMT must be named or indicated as an additional insured.)*



Albemarle County Department of Social Services  
1600 5<sup>th</sup> Street, Suite A P.O. Box 297, Charlottesville, VA 22902  
Phone: 734-972-4010 | Fax: 734-972-4080  
[www.albemarle.org/dss](http://www.albemarle.org/dss)

## Checklist for CSA Provider agreement background checks.

Please complete all forms attached and mail check or money order in the amount of \$30.00 made out to **Albemarle County Dept. of Social Services** to:

Albemarle County Department of Social Services  
Attn.: Micah Kayser  
PO Box 297  
Charlottesville VA 22902

### Forms attached:

1. Department of Motor Vehicles Records – No fee
2. VA Department of Social Services/CPS Central Registry - \$10.00  
(fill in each box under Part I. and the form must be \*notarized\*)
3. Criminal/Virginia State Police Background - \$20.00  
(only complete highlighted sections)

If you have any questions, please feel free to give me a call at 434-972-4011, x3563 or email me at [mkayser@albemarle.org](mailto:mkayser@albemarle.org)

Thanks,  
Micah Kayser  
Albemarle County Social Services





**CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM**

Mail Request To: ~~Virginia State Police~~  
~~CCRE - Attention: New Form~~  
~~P.O. Box 85076~~  
~~Richmond, Virginia 23261-5076~~

**PURPOSE OF THIS REQUEST (Check only one):**

- |   |  |
|---|--|
| <input type="checkbox"/> CHILD DAY CARE                         | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS            |
| <input type="checkbox"/> DOMESTIC ADOPTION                      | <input type="checkbox"/> INTERNATIONAL ADOPTION COUNTRY: _____ |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE                           |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH            | <input type="checkbox"/> EMPLOYMENT                            |
|   | <input type="checkbox"/> OTHER (Please Specify) _____          |

**NAME TO BE SEARCHED:**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **MAIDEN NAME** \_\_\_\_\_

<b>RACE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b> / / (MM/DD/YYYY)	<b>SOCIAL SECURITY NUMBER</b>
-------------	------------	--	-------------------------------

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Signature of Person Making Request: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:



NAME	
ATTENTION	
ADDRESS	
CITY	STATE ZIP CODE

**FEES FOR SERVICE:**

- |   |   |
|---|---|
| FEES:   | * FEES For Volunteers with Non-Profit Organizations:                                |
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH                            | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH                             |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks ~~Not~~ Accepted)**

- ~~CHARGE CARD:~~  MasterCard  ~~OR~~  Visa   Certified Check or Money Order (attached, payable to Virginia State Police)
- Account Number: \_\_\_\_\_  Virginia State Police Charge Account Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_ / \_\_\_\_
- Signature of Cardholder: \_\_\_\_\_

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record – Fingerprint Search | Purpose code: <input type="checkbox"/> C<br><input type="checkbox"/> N<br><input type="checkbox"/> O |
| <input type="checkbox"/> No Criminal Record – Name Search Only                                    | <input type="checkbox"/> Criminal Record Attached                |  |
| <input type="checkbox"/> No Sex Offender Registration Record                                      |  |  |

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.

#### **Personal checks and cash will not be accepted.**

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

**Search Fee \$10.00**

**Purpose of Search, Check one:**  Adam Walsh Law  Adoptive Parent  Babysitter/Family Day Care  
 CASA  Children’s Residential Facility  Custody Evaluation  Day Care Center  Foster Parent  
 Institutional Employee  Other Employment  School Personnel  Volunteer  Other

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name	Tel.#	Ext			
Contact E-Mail	Mandatory if agency code has been assigned				

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

Last Name	First Name	Full Middle Name – (given at birth) - <b>No initials</b> (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race		
Driver’s License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)	City	State	Zip		

**Applicant’s Prior Addresses**

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

**Marital Status** Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



**Search Fee \$10.00**

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
Commonwealth/State of \_\_\_\_\_  
Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Notary Number**  
My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2. \_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only



**Consent for Search of Department of Motor Vehicles Records**

I, \_\_\_\_\_, give consent to the Albemarle County Department of Social Services to verify my Department of Motor Vehicles (DMV) records for license history in the Commonwealth of Virginia.

\_\_\_\_\_  
Name: Last                      First                      Middle                      Maiden

\_\_\_\_\_  
Address  
\_\_\_\_\_

\_\_\_\_\_  
Social Security Number      Date of Birth      Driver's Lic. No.

If not licensed in Virginia, which state are you licensed in? \_\_\_\_\_

Is that license in good standing? \_\_\_\_\_

\_\_\_\_\_  
Signed                                      Print name

\_\_\_\_\_  
Date



Albemarle County Department of Social Services

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
(Substitute Form W-9)

Under the Federal Income Tax Law, we are required to file Form 1099 with the IRS to report certain payments made to you. You are required to furnish us with your correct Taxpayer Identification Number (TIN) regardless of whether payments made to you are reportable.

Name as registered with the Internal Revenue Service (your name if an individual or sole proprietor):

\_\_\_\_\_

Doing Business As: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

SS #: \_\_\_\_\_ OR EIN # \_\_\_\_\_

Business designation (You may select more than one)

- Individual or Sole proprietor, Medical, Partnership, Corporation, Government entity, Non-Profit organization, LLC, Other (Explain)

Principal service or product you provide to our department:

Check Here if Receiving Rental Payments
Check Here if a Foster Parent

Certification: Under penalties of perjury, I declare TIN provided above is correct (or I am waiting for one to be issued to me), the organization entity and all other information provided is accurate, and I am not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Name and title (print or type) \_\_\_\_\_

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

Please return to the Albemarle County Department of Social Services
Attn: Kevin Wasilewski, P.O. Box 297, Charlottesville, VA 22902 OR fax to 434-244-4923
at your earliest convenience. We must have this information within 30 days of the date at the top this form in order to keep your status active. If this information is not on file at this time, we may be required to withhold 28% of your payment as required by the IRS. If you have any questions, please contact us at 434-972-4010. Thank you for your prompt attention to this request.

Office Use Only: Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Input by: \_\_\_\_\_ Date: \_\_\_\_\_



**ALBEMARLE COUNTY COMMUNITY POLICY & MANAGEMENT TEAM  
1600 5<sup>TH</sup> STREET / P.O. BOX 425  
CHARLOTTESVILLE, VA 22902**

**CSA PROVIDER INFORMATION**

**PROVIDER:**

Corporate (Legal) Name: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

CEO: \_\_\_\_\_ CEO E-Mail: \_\_\_\_\_

Contract Contact: \_\_\_\_\_ Contract E-Mail: \_\_\_\_\_

Contract Phone: \_\_\_\_\_ Contract Fax: \_\_\_\_\_

Rate Information Contact: \_\_\_\_\_ Rate Info. E-Mail: \_\_\_\_\_

Rate Info. Phone: \_\_\_\_\_ Rate Info. Fax: \_\_\_\_\_

Payment Contact: \_\_\_\_\_ Payment E-Mail: \_\_\_\_\_

Payment Phone: \_\_\_\_\_ Payment Fax: \_\_\_\_\_

**\*\*ARE YOU CURRENTLY A TEMPORARY EMPLOYEE WITH THE COUNTY OF ALBEMARLE?**

YES

NO

**PROVIDER SERVICES UNDER PURCHASE AGREEMENT (check all that apply):**

GROUP HOME

THERAPEUTIC FOSTER CARE

PRIVATE DAY SCHOOL

COMMUNITY BASED INTERVENTION

RESIDENTIAL FACILITY

OTHER: \_\_\_\_\_

**PROVIDER SERVICES THAT ARE MEDICAID ELIGIBLE:**

THERAPEUTIC FOSTER CARE

COMMUNITY BASED INTERVENETION

RESIDENTIAL FACILITY

OTHER: \_\_\_\_\_

GROUP HOME

LEVEL A

LEVEL B

LEVEL C

## Standards of Conduct for Mentors

### Protocol

Mentors approved under the Albemarle County CPMT CSA Provider Agreement will conduct themselves in a professional manner that demonstrates a commitment to the mentees served. The following guidelines are established to guide conduct for all mentors, regardless if they belong to a professional organization having an identified Code of Ethics. (For those who belong to a professional organization with an identified Code of Ethics, this document does not supersede but supplements it.)

### Guidelines

- 1) Mentors will not practice or condone any form of discrimination on the basis of race, color, gender, sexual orientation, age, ethnicity, religion, or mental or physical disability.
- 2) Mentors will not engage in any activity that is physically, emotionally, or verbally abusive to mentees, his/her family members, or guardian.
- 3) Mentors will be aware of and avoid circumstances that may cause a conflict of interest with mentees, his/her family members, or guardian.
- 4) Mentors will not exploit relationships with mentees, his/her family members, or guardian including:
  - i) Receiving gifts or favors from and/or giving gifts or favors to mentees, his/her family members, or guardian;
  - ii) Recommending that mentees, his/her family, or guardian participate in any illegal activity;
  - iii) Encouraging mentees, his/her family members, or guardian to participate in any activity in which the Mentor or the Mentor's employer or agency has a financial interest;
  - iv) Establishing social relationships with mentees, his/her family members, or guardian beyond the expectation of the mentor relationship that could compromise the services provided; and
  - v) Allowing mentees, his/her family members, or guardian visitation in the Mentor's home without prior approval of the CSA Case Manager
- 5) Mentors will not engage in romantic or sexual associations with mentees, his/her family members, or guardian.
- 6) Mentors will accurately present their education, training, and experience.
- 7) Mentors will uphold the standards of any board or accrediting organization under which they are licensed, if any.
- 8) Mentors will respect the privacy of the mentee, his/her family members, or guardian with a clear understanding of what information will be shared and with whom. Upon termination of the mentoring relationship, the Mentor will maintain confidentiality of mentee, his/her family members, or guardian.

My signature below indicates my acknowledgement of having received a copy of the Standards of Conduct for Mentors.

---

Signature (please print name by signature)

---

Date