

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

Provider Agreement

Date: _____

Agreement between the Connecticut Department of Social Services (DSS)

and Provider: _____

Address _____

Phone _____ Fax _____

The provider agrees to accept check(s) for item(s) or service(s) purchased for individuals served through the DDS Individual and Family Support Waiver or the DDS Comprehensive Waiver. Financial management, for these purchases, is provided by DDS contracted fiscal intermediaries, which is not a Connecticut government agency. Acceptance and endorsement of the check(s) will signify that the provider agrees to the following terms and conditions:

- a. Accept payment, in form of check(s), from DDS contracted fiscal intermediaries doing business in Connecticut.
- b. Agree to keep records of the service(s) or purchase(s).
- c. Provide only the service(s) or item(s) authorized on the check(s).
- d. Accept the check(s) as payment in full for the service(s) or item(s) purchased.
- e. No additional charges will be made or accepted from clients.
- f. Upon request, provide DSS or its designee information regarding the service(s) or purchase(s) for which payment was made.

DSS Representative

* Provider Representative

* Electronic signature: By signing this document, I guarantee this is my electronic signature.
I hereby certify that I am authorized to submit these documents on behalf of the organization.

Revised 1/2014