

**DO NOT USE FOR RESIDENTIAL CARE AND TREATMENT SERVICES**

The Contractor is responsible for obtaining prior written approval from DCS before the Sub-Contractor can deliver the services. Notwithstanding the use of an approved Sub-Contractor, the Contractor is responsible for ensuring that the Sub-Contractor meets all the requirements detailed in the executed contract between DCS and the Contractor.

**Name of Contractor:**

**Name of Contact:**

**Date:**

**E-Mail Address**

**Phone:**

**Fax:**

Name of Sub-Contractor	Contract #	Address of Sub-Contractor	Type of Service(s)	Begin Date	End Date

Contractor attests by signatory that all background checks, qualifications, licenses, academic and professional records have been checked and available for review by DCS.

**Attach**

- Sub-contract Agreement

**Written Name of Contractor Executive**

**Signature of Contractor Executive**

**Date**

**Written Name of DCS Contracts Management**

**Signature of DCS Contracts Management**

**Date**



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: DCS Contract Management / Provider Files

CS-0970

Rev: 08/16



## INSTRUCTIONS FOR USE OF FORM

Utilize this form to request a sub-contract with an agency or individual delivering services including but not limited to: psychiatric/ psychological counseling/therapy, medical, in-home, PATH and other **non-residential** services. All sub-contracted services must be approved in writing by the Department of Children's Services (DCS), Contracts Management Unit prior to the delivery of services.

- |                               |   |
|-------------------------------|---|
| 1) Name of Contractor:        | Record the official name of the Contractor as indicated on the contract.            |
| 2) Name of Contractor Contact | Identify the contact person for the Contractor                                      |
| 3) Date:                      | Identify the date the request is being submitted for approval.                      |
| 4) E-Mail Address             | Identify the e-mail address of the Contractor contact.                              |
| 5) Telephone Number:          | List a phone number for the Contractor contact.                                     |
| 6) Fax Number:                | List Contractor fax number.   |
| 7) Name of Sub-Contractor     | Record the official name of the Sub-Contractor agency or individual.                |
| 8) Contract Number (#)        | Record the Contractor's contract number under which services will be sub-contracted |
| 9) Address of Sub-Contractor  | List the location of the Sub-Contractor.  |
| 10) Type of Services:         | Detail the type of services to be procured.   |
| 11) Begin Dates:              | Record the date services will begin   |
| 12) End Dates:                | Record the date services will end   |

*Attach to the request a copy of the sub-contract agreement between the Contractor and the Sub-Contractor. The Sub-contract agreement must contain, at a minimum, the clauses identified in Section D.5 of the executed contract. Below are **some** of the clauses that are required. **All agreements must contain the Confidentiality clause:***

- Conflicts of Interest
- Lobbying
- Nondiscrimination
- Public Accountability
- Public Notice
- Records
- Confidentiality



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: DCS Contract Management / Provider Files

CS-0970

Rev: 08/16

