

INDIVIDUAL SERVICE PROVIDER (ISP) APPLICATION

DR 171 (Rev. 07/11)

Page 1 of 2

Name			Social Security # (last 4 digits) X X X - X X -		
Street Address			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone (include area code)		FAX (include area code)		E-mail	
Driver's License/ID	Expiration Date	Auto Insurance Carrier and Policy # (if providing driving services)		Expiration Date	

PROFESSIONAL REFERENCES (3) - Names, Addresses & Phone Numbers

1.

2.

3.

Do you intend to apply, or have you applied, to provide services in other Districts? No Yes

If yes, please list the other Districts or offices:

Are you a family member or close friend of a DOR applicant or consumer? No Yes

If yes, please list the person's name:

Have you ever been convicted of a felony or misdemeanor? No Yes

If yes, explain:

SERVICES

What service(s) do you want to provide as an Individual Service Provider?*

Service Category	Level of Service	Comments

Note the days and times you will be available to provide services (Check all that apply):

M T W Th F Sa Su Mornings Afternoons Evenings

*Please see Exhibit A: ISP Categories of Service for descriptions and levels of service.

EDUCATION (List all achievements)

High School Diploma GED Date Received: _____
Degree Received College or University Dates Attended Major

Degree Working College or University Est. Completion Date Major
Toward

Trade Schools or Other Training Special Certificates or Licenses

EMPLOYMENT EXPERIENCE (Attach resume if desired)

Employer: _____ Employed Dates from _____ to _____

Duties: _____

Employer: _____ Employed Dates from _____ to _____

Duties: _____

Under penalty of perjury I declare that the information I have provided is correct. I give permission to the DOR to contact my references, employers, schools, and other individuals or agencies needed to verify the information I have provided. I have provided, or will provide prior to final approval, all required documentation for ISP certification.

Signature 	Date Signed
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Privacy Statement

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form is necessary to properly identify the individual providing services to DOR consumers. Failure to provide the information requested or providing false information may result in non-approval of application, revoking current authorizations, and/or cancelling prior application approvals.

For DOR Use Only

Date received by DOR: _____ Received by: _____

Forwarded to Community Resources Development: _____

DOR Comments (use additional sheet if needed):

Checklist

DOR Verified:	Date	By		Date	By
SS Number			Driver's License / Passport / other ID		
Proof of Insurance			Driving Record*		
References			Certifications		
Education			Qualifications		

*Driving record required only when the ISP is providing driver services.