

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
IDD TARGETED CASE MANAGEMENT LICENSE APPLICATION**

New Application **Renewal Application: License Exp. Date:** _____ **Amended License**

IDD Targeted Case Management Service Provider (Legal Name)				Federal ID Number/EIN		
Agency Mailing Address		City	State	Zip	Requested Effective Start Date	
			KS		Submit application at least 60 days before start date	
Chief Director of Services			Phone Number		Principal Affiliating CDDO <i>primary service</i>	
			() ___ - ____			
Secondary Provider Representative			Phone Number		Other Affiliating CDDO <i>additional service area</i>	
			() ___ - ____			
Email Address/Agency Web Address (if applicable)					Fax Number	
					() ___ - ____	
Board Chair (if applicable)		Mailing Address			Phone Number	Fax Number
					() ___ - ____	() ___ - ____

CERTIFICATIONS

1. This agency and all case managers, working through this agency, have read and hereby agree to comply with the most current "Rules of Conduct for Case Managers Serving People with Developmental Disabilities."
2. This agency and all case managers agree to abide by all laws, regulations, KMAP manual, training materials, policies and procedures governing the provision of community services and/or Targeted Case Management services (if applicable) for people with developmental disabilities.
3. I hereby agree to cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area I provide Targeted Case Management services. And agree to maintain being in good standing with the CDDO affiliate agreements in areas I serve.
4. I hereby certify that the information provided above is true, full, and complete to the best of my knowledge, information and belief.
5. I understand that – after notice and an opportunity to correct the deficiencies – my license status can be negatively affected, up to and including revocation of the license.
6. I certify that this agency has and will maintain all license, certificates, inspections of all local, county, state and federal authorities, and that all wage and hour protections are in place under the FLSA. [e.g., Minimum wage payments, withholding taxes, occupational and health safety, zoning, fire safety inspections]

AUTHORIZATION

AS AN AUTHORIZED AGENT OR APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE INTELLECTUAL/DEVELOPMENTAL DISABILITIES (I/DD) TARGETED CASE MANAGER SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THEIR APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

Signature		Title		Date	
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Send Applications to: KDADS Survey, Certification, & Credentialing Website: www.kdads.ks.gov
 ATTN: IDD Licensing Fax: 785-296-0256
 503 S. Kansas Ave Topeka
 Topeka, Kansas 66603