



\*Control Number:

**\*A Control Number must be included in the box above in order for HOMELINK to process your credentialing application. The Control Number is located in the faxed cover letter or email you received with instructions for downloading this credentialing application. If you are a new HOMELINK provider completing a credentialing application for the first time, please enter X12345 in the Control Number box above. Contact the HOMELINK Credentialing Department by phone at 866-575-8482 or email at [HomelinkCredentialing@vqm.com](mailto:HomelinkCredentialing@vqm.com) if you have any questions.**

Primary Company Information		
Legal Company Name:		
DBA:		
Address:		
City:	State:	Zip Code (9 digit):
Main Phone #:	Alt Phone #:	
Fax #:		
Federal Tax ID #: <i>(attach a copy of W-9)</i>		
Applicant Contact Name:	Applicant Contact Phone #:	
Applicant Contact Email Address:		
Website Address:		
Names of Foremen or Supervisory Personnel the Applicant will assign to HOMELINK projects:		
1. _____		
2. _____		
3. _____		
Professional Licenses and/or Credentials of Foreman or Supervisory Personnel:		
Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:
Is your company a Minority Business Enterprise (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your company a Women Business Enterprise (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your company a Veteran-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Billing/Remit Addresses		
Address:		
City:	State:	Zip Code 9 digit:
County:		
Main Phone #:	Alt Phone #:	
Fax #:		
Billing Contact Name:	Billing Contact Phone #:	
Billing Contact Email Address:		

Check the box if the billing/remit address applies to all facility locations

### Supplier/Trade References

Minimum of three (3) in the local area within last 6 months  
*(If you are completing a re-credentialing application, you can skip this section.)*

Company Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Annual Purchases:
Company Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Annual Purchases:
Company Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Annual Purchases:

### Customer/Business References

Minimum of three (3) in the local area within last 6 months  
*(If you are completing a re-credentialing application, you can skip this section.)*

Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Type of Project:
Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Type of Project:
Name:		Phone:
Physical Address:		Main Contact:
City:	State:	Type of Project:

**Please Check ✓ the Contractor Services Provided at Business Location**

<input type="checkbox"/> General Contracting <input type="checkbox"/> Ramps Built <input type="checkbox"/> Grab Bar Installation <input type="checkbox"/> Remodeling <input type="checkbox"/> Ramp Rental <input type="checkbox"/> Wheelchair Lifts <input type="checkbox"/> Plumbing <input type="checkbox"/> Stair Lifts <input type="checkbox"/> Vehicle Modifications	<input type="checkbox"/> Mechanical <input type="checkbox"/> Porch Lifts <input type="checkbox"/> ECUs Control Units <input type="checkbox"/> Bath Remodels <input type="checkbox"/> Ceiling Lifts <input type="checkbox"/> Patient Supports <input type="checkbox"/> Kitchen Remodels <input type="checkbox"/> Elevators <input type="checkbox"/> Patient Lifts	<input type="checkbox"/> _Other Services (list any other services):
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**General Information**

Is Applicant’s organization required to have a state license to provide services? <i>If yes, attach copies of each current license with expiration dates.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant’s organization required to have a business license to provide services? <i>If yes, attach copies of each current license with expiration dates.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant currently surety bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does Applicant currently own any Foreign Assets, Companies, and/or Offices? <i>If yes, attach a copy of your W-8.</i>  <i>HOMELINK’s policy is not to engage in any services or financial activity with any individual or entity that has or has been suspected to have direct or indirect ties with terrorism.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant’s organization subcontract any services?  <i>If yes, who credentials these subcontractors?_____</i>  <i>If yes, provide a list of individuals and/or entities that you subcontract with along with a list of services these individuals and/or entities are subcontracted for.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Insurance Information**

Commercial General Liability Coverage (CGL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant agrees to keep in full force and effect and maintain at its sole cost and expense the following policies of insurance: <ul style="list-style-type: none"> <li>a. Commercial General Liability Coverage (CGL) - \$1 million per occurrence / \$2 million aggregate</li> </ul>	

- b. CGL policy must name HOMELINK as additional insured and include product liability/complete operations coverage
- c. Workers' Compensation Coverage

Applicant shall, at its own cost and expense, procure and maintain policies of CGL insurance as required in the state where the Applicant offers Covered Services, in minimum coverage amounts in accordance to above, minimum coverage amounts, or if greater, in minimum coverage amounts required in the state where Applicant offers covered services, to insure Applicant and its employees against claims for damages arising by reason of personal injury, loss or death resulting directly or indirectly from or in connection with the performance of any covered services by Applicant, its employees and agents.

Attach a copy of Applicant's CGL Certificate of Insurance including amount of coverage. Applicant must list HOMELINK as an Additional Insured on all CGL policies. Also, include a copy of your Workers' Compensation Proof of Insurance including amount of coverage.

Applicant is responsible for any insurer fees for adding HOMELINK as an additional insured on Applicant's applicable insurance policies.

<p><b>Applicant attests that the above policies of insurance are currently in force at or above the established coverage limits.</b></p> <p><i>Failure to meet the above minimum insurance coverage requirements will result in denial of this application.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant shall, except where a new policy is secured and no lapse in coverage occurs, provide HOMELINK with written notification of any cancellation, termination, expiration or alteration of any such policies within twenty-four (24) hours after provider receives notice of such change in policies.

**Applicant must send HOMELINK updated copies of your Certificates of Insurance when renewed each year.**

<p>Has Applicant's CGL coverage been denied, suspended, cancelled, lapsed, or not renewed within the last five (5) years?</p> <p><i>If yes, attach a copy of any CGL adverse actions for the past five (5) years.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Disclosures

*If you respond Yes to any of the following questions below, please attach a summary of any legal actions, adverse sanctions, disciplinary actions, etc., signed by owner.*

<p>Has Applicant or any owner, officer, director, employee, agent, and/or subcontractor ever been convicted of a felony or misdemeanor other than minor traffic violations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has Applicant's state and/or business license ever been voluntarily or involuntarily relinquished, denied, suspended, revoked or restricted?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does Applicant use offshore subcontractor services such as billing, customer service, etc.?</p> <p><b>HOMELINK must approve the use of any offshore subcontractor.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Attestations

***All applicable documents in this section must be provided to HOMELINK, upon request, within two (2) business days or sooner if required by a payer or accreditation organization.***

<p>Applicant attests to performing multi-jurisdictional criminal background checks, fingerprints, and/or drug screens on owners, officers, directors, employees, agent, and/or subcontractors in accordance with federal, state, and local law, and having an established written policy outlining the screening procedures.</p> <p><b><i>If No, HOMELINK can perform criminal background checks upon request.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Applicant attests to having procedures in place for the primary source verification of professional licensure, certification, and/or registration status of owners, officers, directors, employees, agents, volunteers, and/or subcontractors, including any professional disciplinary or legal actions, as required by state and/or local law?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Applicant attests to holding all applicable organizational licensure, endorsements, permits, registrations, and/or accreditations that are current, active, and in good standing, in accordance with state and/or local law.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Provider attests to having adopted and is currently adhering to a drug-free and alcohol-free workplace written policy and program.</p> <p><b><i>If No, provide an explanation:</i></b> _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Applicant attests to having a Sales Tax Certificate.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Applicants attests to completing state-required workers' compensation certification training.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Applicant attests to assume full responsibility for, and to indemnify and hold HOMELINK harmless from and against any and all claims, demands, causes of action, fines, fees, penalties, costs, expenses, losses, damages or liabilities of any type or nature whatsoever, including but not limited to reasonable attorneys' fees and expenses, arising from or in connection with any loss, personal injury or death resulting or arising from, directly or indirectly, the performance of covered services by Applicant, its employees and agents. Applicant shall not be responsible for any liability imposed by law upon HOMELINK, and HOMELINK shall not be responsible for any liability imposed by law upon Applicant. HOMELINK and Applicant each agrees to be responsible for its own liabilities to whatever degree determined.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **Applicant Confidentiality/Non-Disclosure Statement**

As a credentialed entity for HOMELINK®, Applicant understands that their employees and/or subcontractors may encounter sensitive Protected Health Information (PHI) and/or financial data. Applicant agrees to hold said information about patients and their needs in confidence and not disclose any information without contacting HOMELINK to review privacy and security policies and procedures (HIPAA) surrounding the release of any PHI. Applicant understands that any medical records, medical information, PHI, and financial data is their responsibility and that the information contained within is the property of the patient and cannot be disclosed or otherwise used without patient consent, unless permitted by state and/or federal law.

By signing below, Applicant agrees to conform to the release of information policies and the confidentiality of the information about the patients with whom both parties are engaged in coordinating and/or providing services. Applicant understands that both federal and state laws apply to some parts of the release of information and any violation of HOMELINK's policies will be a violation of these laws.

Applicant accepts complete responsibility for the actions of their owners, officers, directors, employees, agents, and/or subcontractors and understands that violation of HOMELINK privacy and security policies may warrant immediate termination of the HOMELINK Contractor Provider Agreement between HOMELINK and Applicant and/or legal action.

## **Signature**

**By signing below, I certify that the information on this credentialing application is accurate and complete. I further authorize HOMELINK to perform criminal background checks that are deemed necessary. I also agree to notify HOMELINK in a timely manner, not to exceed sixty (60) days, of any changes in the information contained in this application.**

**Name of Company:** \_\_\_\_\_ **(Print)**

**By:** \_\_\_\_\_ **(Print)**

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

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*The information requested in this application will be used in HOMELINK's credentialing process. All information will be treated as confidential information. Thank you for completing this credentialing application.*

## Applicant Documentation Requirements

*Please provide the following documentation as required by the terms of your Contractor Provider Agreement.*

To facilitate prompt processing of your credentialing application, please return only the forms and documents requested below. It is not necessary to provide us with booklets or binders as extraneous material may delay processing. If you need assistance completing this application, please contact the HOMELINK Credentialing Department at [HomelinkCredentialing@vgm.com](mailto:HomelinkCredentialing@vgm.com) or call 866-575-8482.

Your completed application can be emailed to [HomelinkCredentialing@vgm.com](mailto:HomelinkCredentialing@vgm.com) or faxed to 855-863-7189 or mailed to:

HOMELINK  
ATTN: Credentialing Department  
PO Box 1860  
Waterloo, IA 50704

- Completed HOMELINK Contractor Credentialing Application
- Servicing Counties: Attach a list of all servicing counties by state; only a listing of specific counties will be accepted; do not submit maps and/or regional designations (e.g., southeast Iowa, etc.)
- Copy of signed W-9
- Copy of signed W-8 (if applicable)
- Copies of Certificates of Insurance showing adequate coverages and limits as outlined in the Insurance Information section listing HOMELINK as an additional insured
- Copy of Applicant's Workers' Compensation Insurance Proof of Insurance including amount of coverage
- Copy of Applicant's professional licensures and/or personnel licensures of employees and contracted professionals, with expiration dates (if applicable)

**Thank you for your prompt attention to this important request.**