



QUALIFIED SERVICE PROVIDER (QSP) ACKNOWLEDGMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADULT AND AGING SERVICES

SFN 1702 (4-2024)

Thank you for accepting this referral to provide home and community-based services (HCBS). To best serve the individual please fill out this form and return it to the QSP Navigator. Once this form has been received it will be reviewed by Adult and Aging Services for final approval before additional details of the client will be released.

QSP Individual and/or Agency Name	
Do you currently have staff to provide care to this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No - Do you need to hire staff before you could begin providing care to the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (specify): _____	
Are you able to start right away? <input type="checkbox"/> Yes <input type="checkbox"/> No - When could you start? _____	
Additional information you would like to make Adult and Aging Services aware of:	
Signature	Date