

**DEPARTMENT OF HUMAN SERVICES
COUNSELING CONTRACT APPLICATION**

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Email address: _____

Please note that the above is public information subject to FOIA (Freedom of Information Act) requests.

Please provide Social Security number (for individuals) or Federal Identification Number (for organizations) on line below.

Federal I.D. _____ Social Security Number _____

Check this box to indicate that neither you nor any of your employees or sub-contractors are providing services under another counseling contract through the State of Michigan.

Check this box to indicate that you are not an employee of the State of Michigan and that any employee of yours who is a state employee will not be assigned work pursuant to any counseling contract you may have with the State of Michigan.

****You must be able to check both boxes above to receive a contract.**

Please list ALL counties where you wish to provide services: _____

Please provide the address(es) of location(s) where services will be provided:

If you have the capacity to provide bi-lingual or multi-lingual services, please indicate the languages other than English: _____

Please check to indicate type of agency:

Private, Non-Profit

Private, Proprietary

Public

Place a check mark next to each service you intend to provide under this contract:

Clinical Counseling

\$63/Unit

Outreach Counseling

\$73/Unit

Group Counseling

\$120/Unit

NOTE: The unit definition for Clinical and Outreach services has changed to the following: One unit equals to one session of not less than fifty (50) minutes of a counselor's time in a face-to-face counseling session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the DHS referral).

The unit definition for Group Counseling services has not changed.

Contracts do not permit billing for missed appointments.

Please include the following required documentation for each person who will be providing service under the contract:

- A copy of each person's Master's Degree (or above)
- An up-to-date copy of each person's Master's level State of Michigan license to provide counseling or psychotherapy
- An up-to-date copy of the liability insurance policy for each person/agency
- Proof of social security number
- Current Central Registry Clearance - must be less than one year old
- The National Child Protection Act (NCPA) clearance will be sent directly to this office 5-7 days from the date of the scan.

PLEASE NOTE THAT ALL REQUIRED INFORMATION INCLUDING BOTH CLEARANCES (THE NATIONAL CHILD PROTECTION ACT (NCPA) CLEARANCE THROUGH THE NATIONAL CRIME INFORMATION CENTER (NCIC) AND CENTRAL REGISTRY (CR) CLEARANCE THROUGH THE LOCAL DHS OFFICE) MUST BE COMPLETE BEFORE A THERAPIST CAN BE ADDED TO THE CONTRACT. NO THERAPIST IS ELIGIBLE TO PROVIDE SERVICES UNTIL AND UNLESS WRITTEN APPROVAL IS RECEIVED FROM DCRS.

*****Macomb, Genesee, Oakland, Wayne and Lapeer Counties are NOT accepting new providers.***

