

DCCSCD LSOTP/Polygraph/PPG Application

1. Applicant Information

Agency Name _____

Primary Contact _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ FAX _____

E-Mail _____ Taxpayer ID _____

Ownership : Private Public Status : For-Profit Non-Profit

Date Business was established: _____ Years providing proposed services _____

Number of Full Time Employees: _____ Number of Part-time employees _____

Number of service sites in Dallas County = _____ Outside Dallas Co = _____

Service Site 1 Address: _____

Phone _____

Service Site 2 Address: _____

Phone _____

Service Site 3 Address: _____

Phone _____

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2. **Please indicate which services you are applying to provide:** Please note, you may NOT apply to provide services without current licensure/certification or in anticipation of developing a program.

- LSOTP
- Polygraph
- Plethysmograph

3. **Please indicate whether you are able to provide services for Spanish -speaking clients:**

- Spanish-Speaking Services Currently available

4. **Please maintain a file onsite with all of the following documents subject to a site visit inspection:**

- Agency list or employee roster for all employees, volunteers and contractors.
- Evidence of criminal background checks on all employees, volunteers and contractors
- Copy of Agency Insurance Policies
- Copy of **Staff** Licenses/Certifications
- Copy of **Agency** Licenses and Certifications
- Copy of all client-signed forms including financial agreements, waivers and releases, and agency rules for clients including grievance process.
- Copy of Certificates of Occupancy for all Service Sites.