

**Child Development Services/Cumberland County
999 Forest Ave., Portland, ME 04103**

**Request for Proposal for Contract Providers
Audiological Evaluation**

1. Name of Individual Proposing to Provide Evaluation: _____

2. Address & Phone Number: _____

3. List Credentials (Attach Copies of Licenses/Certifications): _____

4. Describe Years of Experience as working with Children Ages Birth- Five:

5. Describe your philosophy regarding evaluating young children with disabilities and providing assessment/recommendation(s) for children with hearing impairments:

6. Describe the therapy strategies and techniques you typically use when evaluating a young child with moderate to severe impairment: _____

7. Describe the kinds of materials and other resources you use in your evaluations:

8. CDS/Cumberland requires that you are able to bill insurance companies when necessary. If a child is on Medicaid or has a third party insurance plan that we are allowed to access for payment of Early Intervention Services, you will be required to bill these companies prior to submitting bills to CDS/Cumberland. For your convenience we have listed all of the contact information for applying to become an insurance provider.

If all information is not included the contract will be held up. Please return this completed proposal to CDS/Cumberland as soon as possible. Processing a contract takes 2 - 4 weeks.

Please include the following information:

1. Resume or Curriculum Vitae
2. Copy of Professional Liability Insurance Coverage
3. License, Certifications and three references
4. Your statement indicating that you have applied for insurance reimbursement status (If you have already completed this process, provide us with your Medicaid number)

Your signature indicates that you swear that the information enclosed on this form is true and accurate.

Signature: _____ Date: _____