



**Documentation Checklist**

**Individual Provider:** \_\_\_\_\_

**Provider Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Please submit copies of the following information:

**Columbia County  
 CCS Program  
 111 E Mullett Street  
 Portage, WI 53901  
 608-742-9227**

**Richland County  
 CCS Program  
 221 W Seminary Street  
 Richland Ctr. WI 53581  
 608-647-8821**

**Sauk County  
 CCS Program  
 505 Broadway  
 Baraboo, WI 53913  
 608-355-4200**

<b>Individual</b>	
<input type="checkbox"/>	New CCS Provider Orientation Training
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Degree/Diploma <i>or</i> Transcript
<input type="checkbox"/>	Professional License* (Check Expiration Date)
<input type="checkbox"/>	Orientation Check List (Due from new providers within 90 days of initial billing date)
<input type="checkbox"/>	Background Information Disclosure request (BID)*
<input type="checkbox"/>	2 Reference Letters
<input type="checkbox"/>	Criminal Background Check Results* (Due every 4 years)
<input type="checkbox"/>	Caregiver Background Check Results* (Due every 4 years)
<b>Agency</b>	
<input type="checkbox"/>	Liability Insurance Certificate* (Expire Annually)
<b>Ongoing (Not due with Initial credentialing)</b>	
<input type="checkbox"/>	Ongoing Training Log* (Must Complete <u>Annually</u> : 8 hrs training Required).

**\*Items that need to be submit again once expired**

**Supervisor:** \_\_\_\_\_