

## Appendix B

### Agency or Organization Qualifications

1. Full name of legal entity with which Josephine County would contract.	
2. Concisely describe your agency's overall capacity to provide the services applying for.	
3. IRS Tax Number:	
4. Profit or Non-Profit?	
5. Number of years serving the community:	
6. Assurance that plan exists to provide services to people from culturally diverse backgrounds who may also be non-English speakers.	Yes    No
7. Assurance that plan exists to ensure that all employees are instructed in the requirements concerning the security and privacy of health data in the Health Portability and Accounting Act of 1996 (HIPAA).	Yes    No
8. Assurance that entity is in compliance with the Americans with Disabilities Act and the Civil Rights Act, Section 504.	Yes    No
9. Assurance that entity complies with Title VI of the Civil Rights Act of 1964, and that no person shall be denied services or be discriminated against on the basis of race, color, religion, national origin, sex, or duration of residence.	Yes    No
10. Assurance that all staff and volunteers used in providing services will complete a criminal history check per ORS 181.536 through 181.537, and will not have any unsupervised contact with clients prior to approval by the Department of Human Services. <del>This assurance is effective for the period July 1, 2009 through and including June 30, 2011.</del>	Yes    No

