

**2025-2026 School Year
Therapeutic Day Treatment Provider Agreement
Prequalification Checklist**

Date: _____

TDT Provider Name: _____

CEO: _____

Address: _____ Phone: _____

Primary Point of Contact: _____ Title: _____

Cell Phone #: _____ E-mail: _____

Emergency Contact: _____ Title: _____

Cell Phone #: _____ E-mail: _____

	Completed?	REQUIRED COMPONENTS
1		Copy of Current Triennial License for TDT Services from DBHDS
2		General citation history report from DBHDS: ☐ No more than three citations without CAP ☐ No citations in past two years without CAP ☐ Copy of CAP
3		Certification of no health and safety violation in past year – provide report or statement of certification on letterhead or signed statement of certification on company letterhead.
4		List of all staff members and titles with the agency (Updates only if you were an approved provider for 2024-2025 school year.)
5		List of all staff members who will be working in the schools (Updates only if you were an approved provider for 2024-2025 school year.)
6		Names, contact numbers, and qualifications of the individuals serving as supervisors for the unlicensed TDT service providers working in a school
7		Certification/evidence of agency employee background check
8		Restraint Training ☐ Certification ☐ Name of Technique
9		Signed Contract