



RFP #CN2025-02
Adoption Case Management Services in Broward County

Attachment #3
Network Provider Application

Background

ChildNet has been chosen by the Florida Department of Children & Families to serve as the Community Based Care (CBC) lead agency in both Broward and Palm Beach counties. As such, it is the single private non-profit entity responsible for administration of the local child welfare systems in each county. It fulfills this responsibility by managing comprehensive networks of child welfare services providers and, in Broward, by also serving as the single centralized child welfare case management provider. The agency's mission is to protect abused, abandoned and neglected children in the communities it serves. Fulfillment of this mission requires constant input and support from community stakeholders and service providers.

Mission

Leading communities in protecting and serving abused and neglected children by supporting and strengthening their families.

Vision

ChildNet will lead every child in our care to safety, permanence and stability.

Application Instructions

In efforts to strengthen its business relationship with individuals and organizations, ChildNet requires any individual or organization wishing to conduct business with ChildNet to hold formal network status and undergo an Application and Credentialing process. This process requires the collection of documentation to verify expertise, licensure, and/or accreditation. Supporting documentation and attachments are requested to assist ChildNet in its review. Completion of the application serves as a request from an applicant to become or remain a member of ChildNet's Network. If the applicant is determined to meet eligibility criteria, they may be conveyed network status. However, network status does not guarantee provision of referrals or contract. The following instructions outline the Application and Credentialing process:

1. The individual or organization completes and submits ChildNet's Network Provider Application Form documenting service experience; licensure and accreditation; and liability insurance coverage. Applications must be submitted to the following address: **ChildNet, Attention Contracts Department, 1100 W. McNab Road, Fort Lauderdale, FL 33309.**
2. ChildNet's Contract Management staff reviews the Application Form for completeness and verifies documentation (i.e., copy of current license(s) and accreditation(s), copy of proof of insurance, reference checks.)
3. The Director of Contracts or Designee approves and signs the Application Form allowing the individual or organization to hold formal network status. If an application is denied, the reason for the denial is documented on the form and sent by certified mail to the applicant with notification of the denial.
4. Applicants have the right to appeal the denial of an application to hold formal network status with ChildNet. Individuals or organizations wishing to appeal such denial must file a notice of appeal in writing to ChildNet's CEO within 72 hours after receiving the certified letter notifying them of the denial. The CEO will provide the appeal information to ChildNet's Senior Management committee. This committee will review the appeal information and reason for the denial and issue a written finding and resolution to the appealing individual or organization. ChildNet reserves the right to deny an appeal that does not identify or document violations of specific sections of state or federal regulations.
5. In order to be re-credentialed as a formal Network Provider, providers are required as part of the contract renewal process to submit verification of any pertinent changes in the information attested to on the Network Provider Application Form or in the executed contract document. The assigned Contract Manager informs the Chief Financial Officer or Designee of any problems with re-credentialing. In making a determination about re-credentialing, Contract Management staff may consider utilization information, reviews of site visits, reviews of client complaints/grievances, satisfaction data, and review of all quality assurance and improvement reports.



A. Program/Service Information *(Attach additional sheets for each program.)*

Practitioner, Program, and or Service Name:
Tax Identification Number or Practitioner's Social Security Number:
Location(s):
Services Description (Please provide detailed information. If necessary, please reference and attach additional supporting documents):
Accreditation/Licenses/Service Experience:
Identify any Lead Community Based Care Organizations That Have Contract Agreements With This Program/Service:
Program Funding Sources (please indicate funding sources covering the proposed services included in this application):
Proposed Method of Payment (if program is not currently funded by ChildNet): ☐ Unit Rate ☐ FTE ☐ Cost Reimbursement ☐ Combination Unit Rate/Cost Reimbursement
Proposed Rate (if program is not currently funded by ChildNet): _____ per ☐ Hour ☐ Day ☐ FTE ☐ Other _____
Have You or This Program Been the Subject of Disciplinary Action by any Regulatory Agency, Lead Agency, or Accrediting Organization Within the Last Year? Yes ☐ No ☐ (Explanation Required if Yes)

B. Attachments

(The following documents are to be submitted along with the Application Form. However, if the Application is being submitted as part of the response to a formal solicitation for services, such documents are not necessary.)

- ☐ Copies of the program's or practitioner's license(s), proof of insurance, and licensing summary (ies) (if applicable)
- ☐ Resume *(for individual Vendors and/or practitioners)*
- ☐ Copies of external monitoring reports or accreditation reports (if applicable)
- ☐ Three (3) Professional References *(for individual Vendors and/or practitioners)*
- ☐ Program budget and budget narrative that includes a projection of monthly income, funding sources, and expenditures (if applicable)
- ☐ Notarized Affidavit of Service Provider Standards *(This form can be found on ChildNet's website.)*
- ☐ Conflict of Interest Acknowledgement and Disclosure Form *(This form can be found on ChildNet's website.)*



C. Agency Representatives

AGENCY OFFICAL AUTHORIZED TO SIGN CONTRACTS	
Name:	
Title:	
Address:	
Phone Number:	
Fax Number:	
Email:	
AGENCY OFFICAL AUTHORIZED TO RECEIVE PAYMENTS	
Name:	
Title:	
Address:	
Phone Number:	
Fax Number:	
Email:	

D. Authorized Signature

I attest to the fact that the answers given are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or any document can be grounds for rejection of this application or termination of any contract awards.

Name

Title

Signature

Date

FOR CHILDNET USE

- ☐ The Applicant has been APPROVED to hold formal network status with ChildNet.
- ☐ The Applicant has been DENIED to hold formal network status with ChildNet. The reason for the denial is as follows:

Signature of Director of Contracts

Date