



IRONSHORE COMPANIES
 175 Powder Forest Drive
 Weatogue, CT 06089

**MMF SUPPLEMENTAL APPLICATION
 SELF-DIRECTED CARE PROGRAMS**

APPLICANT

Name:

SUPPLEMENTAL QUESTIONS:

1. To how many program participants/service recipients does the applicant provide services under a State-administered self-directed care program?
2. Does the applicant recruit, refer or directly employ any of the caregivers/support providers who provide services to program participants/service recipients? Yes No
 If "Yes", please explain:
3. Does the applicant conduct any screening of or background checks on any caregivers/support providers? Yes No
 If "Yes", please explain:
4. Does the applicant conduct or participate in the training, supervision, monitoring, quality assurance, discipline or termination of employment of any caregivers/support providers? Yes No
 If "Yes", please explain:
5. Does the applicant approve expenditures of any program participant/service recipient? Yes No
 If "Yes", please explain:
6. Does the applicant manage, participate in or assist any program participant/service recipient with:
 - a. Budgeting for services, life planning or coaching? Yes No
 - b. Determination of the scope or nature of services to be provided by any caregivers/support providers? Yes No
 If "Yes" to either 6.a, 6.b or both, please explain:
7. Does the applicant have written contract or agreements with any caregivers/support providers? Yes No
 If "Yes", please explain:

Applicant (signature):		
By (Chairman and/or President – Print Name):	Title:	Date:

*Note: This **Application** must be signed by the Chairman or President of the **Applicant** acting as the authorized agent of all individuals and entities proposed for this insurance.*