

**From:** [REDACTED] (DSHS/ALTSA/HCS)  
**To:** [REDACTED] ([DSHS/ALTSA/HCS](#))  
**Subject:** FW: checklist  
**Date:** Monday, May 22, 2017 8:22:00 AM  
**Attachments:** [Individual Provider Acknowledgement Form.docx](#)

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If you did not already send the other one to stacy can you send this at the same time as another form from Region 3? If you already sent I can send to her. Maybe if they see the wide variety and some of the OMG things they will create one for us! LOL! Thanks [REDACTED]! Enjoy the AC today!

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**From:** [REDACTED] (DSHS/HCS)  
**Sent:** Monday, May 22, 2017 8:20 AM  
**To:** [REDACTED] (DSHS/ALTSA/HCS) <[REDACTED]@dshs.wa.gov>  
**Subject:** RE: checklist

Here you go!

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**From:** [REDACTED] (DSHS/ALTSA/HCS)  
**Sent:** Monday, May 22, 2017 8:17 AM  
**To:** [REDACTED] (DSHS/HCS) <[REDACTED]@dshs.wa.gov>  
**Subject:** checklist

Can you e-mail me the checklist you use for IP's to sign at contracting? Thanks!

[REDACTED] / SOCIAL SERVICE SUPERVISOR / Home & Community Services  
Aging & Long Term Services Administration  
Washington State Department of Social and Health Services  
(O) 360-[REDACTED] / [REDACTED]@dshs.wa.gov

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