



Hawaii Access To Recovery

RSS Provider File Review Checklist

SERVING CLIENTS AS OF:

- Application Packet:**
 - Provider Application Form
 - Provider Data Sheet
 - Tax Clearance (State and Federal)
 - General Excise Tax License and/or 501(c) 3 Letter
 - General Liability Insurance
 - Letterhead or other document that lists the following information:
 - Providers legal business name (organization/business name, dba's, and/or individual's name if a sole proprietor)
 - Federal EIN and/or Hawaii GET license number
 - Current billing address (NOT a P.O. Box)
 - Current billing phone and fax numbers
 - Name and contact information for the person in charge of the business's billing.
- Vendor ID Number**
- Sole Proprietor Forms (If Needed)**
- MOU Packet**
 - Memorandum of Understanding (MOU)
 - Exhibits (specific to service provision authorization)
 - Provider TA needs survey
- WITS Training (after VID & Signed MOU Received)**
- ATR Manual**

NOTES: