

PROVIDER AGREEMENT

For Electronic (Email) Communications with Department of Health Services (DHS) Division of Quality Assurance (DQA) Feeding Assistant Program (FAP)

Read this form carefully before signing.

- This agreement must be signed by the program designee of the feeding assistant program entering into this agreement.
- This agreement shall remain in effect until any of the information below changes, at which time a new agreement must be executed.

Facility Name

Name – Program Designee	Email Address – Program Designee
Name – Additional Recipient (optional)	Email Address – Additional Recipient (optional)

By signature of the feeding assistant program designee below, the designee agrees to:

1. Accept electronic (email) service of DHS communications originating from DHSDQAFeedingAssistantProgram@dhs.wisconsin.gov and other email addresses ending in @dhs.wisconsin.gov and all email addresses affiliated with the feeding assistant program.
2. Respond to the feeding assistant program annual report by the due date in accordance with Wis. Admin. Code [§ DHS 129.17\(2\)](#).
3. Notify DHS promptly of any change in the feeding assistant program designee, instructor(s), and curriculum in accordance with Wis. Admin. Code [§ DHS 129.17\(1\)](#).
4. Not alter PDF approval, Plan of Correction (POC), and withdrawal of approval documents.
5. Acknowledge receipt of approval, POC, and withdrawal of approval documents.
6. Accept and adhere to the following terms:
 - a. The effective date of service for POC and withdrawal of approval is the date the transmitting email message is sent from DHS to the program designee named above.
 - b. Failure by the program designee to open the transmitting email does not delay or alter the effective date of service for POC and withdrawal of approval.
 - c. The program designee acknowledges that it has the ability to open and read PDF documents. If the program designee is unable to open or view a file sent by DHS, it is incumbent upon the program designee to notify the feeding assistant program to request a new file.

SIGNATURE – Program Designee

Date Signed