



DEAF-BLIND SERVICE CENTER

Support Service Provider (SSP) Program Contract

This contract covers the SSP services as listed below to the Deaf-Blind Service Center (DBSC/Contracting Agency).

Independent Contractor: _____

Effective Dates: _____

SERVICES:

I, _____ [SSP], agree to provide SSP services on a regularly scheduled basis, to include: acting as a guide, providing visual/environmental information, and facilitating simple communication. These services will be provided while the deaf-blind client(s) assigned to me is (are) doing regular errands, such as: food shopping, banking, and mail reading.

I understand that this service is for deaf-blind adults who make their own life decisions independently, and that as SSP, I am not to advise, offer unsolicited opinions, or attempt to make decisions for the client.

I understand I am to communicate in the preferred language of the deaf-blind person.

I agree to arrange a schedule with the deaf-blind person, and to be clear about the time and place to meet, as well as, the length and purpose of the assignment.

I agree that the deaf-blind person and I will establish effective distance communication (e.g., e-mail, text paging, etc...) for schedule changes, etc.

I understand that the role of SSP does NOT include:

- Chore services, such as, housecleaning
- Heavy lifting, such as, the moving of boxes or furniture
- Interpreting, including phone calls
- Advocacy regarding legal, medical, or other issues

I further understand that for emergencies, I am to call 9-1-1 and request a qualified interpreter for the deaf-blind person involved in the emergency situation and not to try to solve the problem myself or to attempt to interpret for emergency responders.

	Please initial that you have read and understand the information above.
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BILLING:

SSPs will report and send invoices to the SSP Coordinator by the 3rd of each month. Invoices that do not reach the coordinator by this date will be included in the following month's billing cycle. ***Invoices submitted more than 30 days from the billing date will not be paid.***

If the deaf-blind person is a "no-show," the contractor is to inform the SSP Coordinator by the end of that day. The agency agrees to pay for the contracted time, and this time will be deducted from the amount allotted to the deaf-blind person who scheduled the time.

Invoices for the final month of the contract must be submitted on time. Invoices submitted more than five business days late may result in a refusal to renew this contract in the future.

CONFIDENTIALITY AND BOUNDARIES:

I, agree to respect the ethical tenets of confidentiality, conflicts of interest, and professional boundaries. I agree to keep all information learned in the course of this work confidential. The time, place, activities, and conversations are all to be kept in confidence.

I agree to refrain from counseling, teaching, advocating, etc. If, for any reason, I have concerns about this, I will report the issue to the SSP Coordinator, who will take the appropriate action (e.g., talk with the deaf-blind person, refer to the advocate).

ABIDING BY THE LAW:

I understand that I am to follow and obey all laws. That I am to be alert and ready to work during an assignment and not under the influence of any drugs, alcohol, or mood altering substances. Harassment and abuse (physical, verbal or emotional) are strictly forbidden and should be immediately reported to the SSP coordinator. If the abuse is serious, charges may be filed by the victim.

	Please initial that you have read and understand the information above.
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SUB-CONTRACTOR CONDITIONS:

The SSP and deaf-blind person may not increase the allotted number of hours without prior approval.

I understand that as an SSP I am an independent contractor and that the agency is **NOT** responsible for providing any of the following:

- Insurance: health, auto, liability, industrial, or any other insurance covering Independent Contractors
- Any other benefits of employment not specified elsewhere in this contract

The agency can cancel this contract for any reason, at any time, with less than 10 days written notice. Upon cancellation, any services performed prior to notification of cancellation will be paid; however, any services performed after notification of cancellation will not be paid.

The Independent Contractor [SSP] can cancel this contract for any reason with less than 30 days written notice to the SSP Coordinator.

	Please initial that you have read and understand the information above.
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My signature below indicates that I understand and agree to follow the terms and conditions of this contract.

For renewal contracts, all prior invoices for work completed through _____ will be turned into the Deaf-Blind Service Center by _____.

Signature: _____ **Date:** _____

SSP Coordinator: _____ **Date:** _____

For Office Use Only - Signed Documents

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| <input type="checkbox"/> Driver's License Copy | <input type="checkbox"/> Proof of Auto Insurance |
| <input type="checkbox"/> Background Authorization | <input type="checkbox"/> ID Verification |
| <input type="checkbox"/> Business License Copy | <input type="checkbox"/> W-9 |
| <input type="checkbox"/> Sexual Misconduct Policy | <input type="checkbox"/> DBSC Confidentiality Form |
| <input type="checkbox"/> DSHS Non-Disclosure Agreement | <input type="checkbox"/> SSP Application |
| <input type="checkbox"/> Gave Copy of Check Re-issue Policy | <input type="checkbox"/> Gave copy of SSP Program Policy |
| | <input type="checkbox"/> Gave copy of DB SSP Guidelines |

Approved by: _____ Date: _____