



HOPELINK PARTNER APPLICATION FOR TRANSPORTATION SERVICE

Introduction to Hopelink Transportation Services For Potential Service Partners

Hopelink Transportation provides transportation services intended to meet the needs of specialized populations in the Seattle/King County area. We empower people to change their lives by facilitating access to the community. We are interested in partnering with other entities that are also committed to these goals.

The largest population that Hopelink serves is made up of clients of Washington State's Department of Social and Health Services (DSHS). DSHS is responsible for the administration of the Medicaid Assistance Program, which uses state and federal monies in the delivery of program services. A segment of this program includes non-emergent medical transportation of Medicaid clients who do not have transportation resources available to them. Hopelink is the transportation broker for DSHS in King County and has provided this service since 1990.

The State of Washington created the Broker System to assure the most efficient implementation of this transportation program. The responsibilities of the Broker include solicitation of and negotiation with qualified transportation providers to meet the needs of their clients in a cost effective manner.

The modes of transportation utilized include ambulatory and lift-equipped vehicles, which may provide services to passengers as either individuals or in a shared ride manner, as directed by Hopelink, with services provided 24 hours per day, each day of the year. Hopelink has expanded its transportation operations to meet the transportation challenges of other specialized populations, including students, the elderly, and persons with disabilities. In the last fiscal year, Hopelink booked, scheduled and purchased over 1 million one way trips.

This application will be used to determine your suitability in partnering with us to meet the needs of our clients. Hopelink is looking for established transportation companies with experience transporting people in the Puget Sound region. Any inquiries should be sent to:

transportationcontracts@hope-link.org.

Please complete the application and submit it to:

Hopelink Transportation
Attn: Contracts
14812 Main Street
Bellevue, WA 98007

Once your application is received you can expect to be contacted by Hopelink to acknowledge the receipt of your application. You should expect the review process to take up to 30 days from the date of your submittal. **Please do not contact Hopelink within this 30 day period, unless it is to cancel your application.** Once your application has been reviewed, Hopelink will notify you of the outcome and whether or not you qualify to proceed to the next step in developing a contractual partnership.



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Company Information:

Legal Company Name:		
Company Mailing Address:		
City, State Zip:		
WA State Business License #:		
Federal Tax ID #		
List any other Business Licenses held by your company (for example a For Hire license in City or County) Provide the type of license and the license number		
Company Office Locations:		
Are you affiliated in any way with any other transportation companies (e.g. shared ownership, facilities, phones, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a description of the affiliation:	
Business E-mail Address:		
Company Phone Numbers:	Administrative Phone:	
	Administrative Fax:	
	Dispatch Phone:	
	Dispatch Fax:	
	Other Phone:	
How long has your business been in operation?		
How long has your business been providing transportation services in the Puget Sound Region?		
How many employees do you have?		
What types of services do you provide?		

Principle Officers of Company (please list Name and Title and % of ownership):

Owner(s):		
Operators:		
Investors:		

Point of Contact for Application/REQ/Contracts Process:

Contact Name:		
Contact Address		
City, State Zip:		
Contact Phone:		
Contact E-mail Address:		



Helping people. Changing lives.

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Vehicle Information:

Please complete one line for each type of vehicle in your fleet.

Make	Model	# of vehicles	Vehicle Ages	Lift Equipped	Configuration	Capacity
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Service Area Information:

In what geographical area do you currently provide service?	
In what geographical areas do you intend to provide service if contracted by Hopelink?	
What are your operation hours in each service area?	

By signing below, I acknowledge that Hopelink may, at its sole discretion, decide to accept or reject this preliminary screening application for any reason or for no reason whatsoever. I further understand that this preliminary screening application in no way creates an employment relationship, contractual relationship or any other sort of relationship between the applicant and Hopelink.

Applicant Signature:	
Printed Name	
Date Signed:	

For Hopelink Use Only

Date Application Received:	
Qualification Status	<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet
Notification Letter Sent:	<input type="checkbox"/> Yes Date Sent: