

Exhibit 6

Subcontracting Information

Provider Name:

1. Does provider subcontract?

☐ Yes

☐ No

If you choose "No", do not continue with this exhibit.

2. What services are/will be contracted?

☐ Personal Care Services

☐ Transportation

☐ ERS Services

☐ Chore Services

☐ Personal Attendant Services

☐ SMESAT Services

☐ Personal Budget Services

☐ Environmental Adaptation and Home Modification Services

☐ Adult Day Care Services

☐ Assisted Living Services

☐ Nursing Care Services

☐ Other (specify):

3. Are your subcontractors any of the following?

☐ 1099 Independent Contractor

☐ Freelance or Self-employed Worker

☐ Other (specify):

Note: Subcontractors must carry all required insurance policies at levels specified in Exhibit 3. Provider must document a copy of the subcontractor's current certificates of liability insurance for the period services are delivered.