



## Preferred Provider Application

A major purpose of I'On At Home is to enable our members to access safe and reliable professional services, and we take our responsibility seriously. We are pleased to facilitate the connection of our members with reliable fee-for-service vendors.

If you would like to join our team of screened professional providers, please give us the information requested below. If your business meets our threshold criteria, we will contact you to arrange a personal interview to further ensure there is a good match between your company and our members.

**Please complete screening questions below by going to our website at [www.ionathome.org](http://www.ionathome.org). You may submit your responses online or fill out the form online and return it by email to Barbara Wade ([baranne@comcast.net](mailto:baranne@comcast.net)). We will confirm receipt of your application and notify you whether your company has been approved to proceed with our process. If you are approved, the next step will be an interview.**

### Thank you for your interest!

1. Company Name: \_\_\_\_\_
2. Contact Person and Title: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City, State, Zip: \_\_\_\_\_
5. Main phone (with area code): \_\_\_\_\_ Mobile phone (with area code): \_\_\_\_\_
6. Best time of day to be contacted: \_\_\_\_\_
7. Will you return calls within 24 hours? Y/N
8. Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
9. Briefly describe the services you provide: \_\_\_\_\_
10. What year did your business begin? \_\_\_\_\_
11. Does your company have appropriate liability insurance coverage? Y/N  
If so, please provide proof of insurance.
12. Is your company bonded? Y/N  
If so, please provide a copy.
13. Does your company have the appropriate state and local business licenses? Y/N  
If so, please provide a copy.
14. Do you have the appropriate professional license or certification? Y/N  
If so, please provide documentation.

15. We would like to speak with 3 individuals who have used your services and are willing to recommend you. Please let them know we plan to contact them so they will expect to hear from us and (after checking with them), list their names, daytime telephone numbers, and email addresses.

1) Name: Phone #: Email Address

2) Name: Phone #: Email Address

3) Name: Phone #: Email Address

16. Many I'On At Home preferred providers offer discounts to our members. Will you offer such a discount? Y/N  
If so, what will the discount be? \_\_\_\_\_

17. Will you do work for IAH members yourself, or will your employees or contracted staff do it? \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN I'ON AT HOME. SOMEONE WILL BE BACK IN TOUCH WITH YOU WITH THE RESULTS OF YOUR SCREENING.