



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

New or Update Provider Information Worksheet

REGION		COUNTY		CONTRACT NUMBER	
PROVIDER'S NAME			PROGRAM NAME		
PROVIDER'S NUMBER OR NPI		PROGRAM TYPE <input type="checkbox"/> SL <input type="checkbox"/> RHC <input type="checkbox"/> GH <input type="checkbox"/> SOLA <input type="checkbox"/> CH <input type="checkbox"/> ICF/MR <input type="checkbox"/> LSR			
Mailing Address					
STREET / POST OFFICE BOX		CITY		STATE	ZIP CODE
Physical Address					
STREET		CITY		STATE	ZIP CODE
Contact Information					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
ADMINISTRATOR'S NAME					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
FINANCE / PREPARER'S NAME					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
Business Information					
FEDERAL ID NUMBER		FACILITY OR NON-FACILITY	PROGRAM CAPACITY		NUMBER OF FT EMPLOYEES
BUSINESS TYPE <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> State Owned / Operated <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Proprietary Corporation					