



PROVIDER INFORMATION

Date _____

Name of Organization _____

Acronym of Organization (if applicable) _____

Name of individual authorized to sign affiliate agreement _____

Address _____

City/State/zip _____

Phone Number _____ Fax Number _____

Toll Free _____ TTY _____

Website _____ Email _____

Medicaid Provider no. _____ Federal Employer Identification no. _____

<u>SERVICES</u>	<i>Check all that apply</i>	<u>PROVIDER CATEGORY</u>	<i>Check all that apply</i>
<input type="checkbox"/>	Targeted Case Management	<input type="checkbox"/>	Licensed DD Provider
<input type="checkbox"/>	Residential	<input type="checkbox"/>	Limited License DD Provider
<input type="checkbox"/>	Day/Employment	<input type="checkbox"/>	Home Health
<input type="checkbox"/>	Supportive Home Care	<input type="checkbox"/>	Payroll Agent
<input type="checkbox"/>	Respite	<input type="checkbox"/>	Center for Independent Living
<input type="checkbox"/>	Night Support	<input type="checkbox"/>	Independent Contractor
<input type="checkbox"/>	Wellness Monitoring	<input type="checkbox"/>	Child Placing Agency
<input type="checkbox"/>	Misc. Youth Services	<input type="checkbox"/>	Equipment Vendor
<input type="checkbox"/>	Positive Behavioral Supports		
<input type="checkbox"/>	Personal Assistant Services		

Do you want your name listed on the Provider Listing in your area? Yes No

Name of contact person you want named on the Provider Listing _____

Check CDDO members you are affiliated with:

- | | |
|---|---|
| <input type="checkbox"/> Disability Planning Organization of Kansas, Inc. | <input type="checkbox"/> Harvey-Marion County CDDO |
| <input type="checkbox"/> Futures Unlimited, Inc. | <input type="checkbox"/> Reno County CDDO |
| <input type="checkbox"/> McPherson County CDDO | <input type="checkbox"/> Twin Valley Developmental Services, Inc. |
| <input type="checkbox"/> Nemaha County Training Center, Inc. | |

List all counties you currently provide services for:

Case Management Contact

Initial assignment of Case Managers/Supervisors:

Case Manager Informational meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

Residential Services Contact

Will assign attendees at BASIS Screening interview

Provider Informational Meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

Day Services Contact

Will assign attendees at BASIS Screening interview

Provider Informational Meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

In Home Support Services Contact

Will assign attendees at BASIS Screening Interview

Provider Informational Meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

Personal Assistant Services Contact

Will assign attendees at BASIS Screening Interview

Provider Informational Meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

_____ Services Contact

Will assign attendees at BASIS Screening Interview

Provider Informational Meeting notice/invitations

Name _____
Phone _____
Email _____

Name _____
Phone _____
Email _____

