



**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 Federal Employer

Provider no. \_\_\_\_\_ Identification no. \_\_\_\_\_

SERVICES *Check all that apply*

PROVIDER *Check all that apply*  
CATEGORY

- \_\_\_\_\_ Targeted Case Management
- \_\_\_\_\_ Residential
- \_\_\_\_\_ Day/Employment
- \_\_\_\_\_ Supportive Home Care
- \_\_\_\_\_ Respite
- \_\_\_\_\_ Night Support
- \_\_\_\_\_ Wellness Monitoring
- \_\_\_\_\_ Misc. Youth Services
- \_\_\_\_\_ Positive Behavioral Supports
- \_\_\_\_\_ Personal Assistant Services
- \_\_\_\_\_ Specialized Medical Care
- \_\_\_\_\_ (Other) \_\_\_\_\_

- \_\_\_\_\_ Licensed DD Provider
- \_\_\_\_\_ Limited License DD Provider
- \_\_\_\_\_ Home Health
- \_\_\_\_\_ Payroll Agent
- \_\_\_\_\_ Center for Independent Living
- \_\_\_\_\_ Independent Contractor
- \_\_\_\_\_ Child Placing Agency
- \_\_\_\_\_ Equipment Vendor

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:

- \_\_\_\_\_ Disability Planning Organization of Kansas, Inc.    \_\_\_\_\_ Reno County CDDO
- \_\_\_\_\_ Futures Unlimited, Inc.    \_\_\_\_\_ Twin Valley Developmental Services, Inc.
- \_\_\_\_\_ Nemaha County Training Center, Inc.

List all counties you currently provide services for:

\_\_\_\_\_  
 \_\_\_\_\_

***Case Management Contact***

Initial assignment of Case Managers/Supervisors:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Case Manager Informational meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***Residential Services Contact***

Will assign attendees at BASIS Screening interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***Day Services Contact***

Will assign attendees at BASIS Screening interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***In Home Support Services Contact***

Will assign attendees at BASIS Screening Interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***Personal Assistant Services Contact***

Will assign attendees at BASIS Screening Interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***Specialized Medical Care Contact***

Will assign attendees at BASIS Screening Interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***\_\_\_\_\_ Services Contact***

Will assign attendees at BASIS Screening Interview

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Provider Informational Meeting notice/invitations

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

