



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			
<b>Mailing Address</b>					
STREET / POST OFFICE BOX		CITY		STATE	ZIP CODE
<b>Physical Address</b>					
STREET		CITY		STATE	ZIP CODE
<b>Contact Information</b>					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
<b>ADMINISTRATOR'S NAME</b>					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
<b>FINANCE / PREPARER'S NAME</b>					
TELEPHONE NUMBER (INCLUDING AREA CODE)			FAX NUMBER		
EMAIL ADDRESS					
<b>Business Information</b>					
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					
<b>RM Information</b>					
What date do you want access to the program in RRDD to create your RCR?					