

## PROVIDER CONTACT DATA COLLECTION SHEET

*Prospective Richland County Providers:*

The Richland County Board of DD (RCBDD) requires that all Initial Trainees and approved providers desiring to serve in Richland County supply our Provider Relations Department with the information listed below. This information is necessary for adding your name to our database of authorized providers.

If currently in attendance at the RCBDD Provider 101 Training, please submit this completed form to the Instructor by the end of your training session for tracking purposes.

If already approved by DODD, upon submission of this form, and if available, please include a copy of your "INITIAL or FINAL APPROVAL LETTER", issued to you/your agency by The Ohio Department of DD (DODD).

Your DODD APPROVAL LETTER contains crucial information needed to authorize services in Richland County; your DODD/MBS Contract Number, effective date, Waiver Type(s) and approved services.

***\* Please print contact information clearly \****

Provider / Agency Name: \_\_\_\_\_

CEO Name (Agency Only): \_\_\_\_\_

Provider / Agency Address: \_\_\_\_\_

Phone # (s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security / Tax ID #: \_\_\_\_\_

Current Staff Member of RCBDD (currently on Richland Co. Payroll)? (Circle one)      YES      NO

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please return this form and required attachment(s) to:**

RCBDD, SSA Coordinator of Provider Recruitment/Development, 220 Home Ave., Mansfield, OH 44902

- Or -

→ **Questions?** Call (419) 774-4418 or Email Mary Dalbey at [mdalbey@rnewhope.org](mailto:mdalbey@rnewhope.org)

**Office use only:**

DODD #: \_\_\_\_\_ Waiver type: \_\_\_\_\_ CPR: \_\_\_\_\_

Entered: \_\_\_\_\_ Certification Eff. Date (s): \_\_\_\_\_