



# Provider Profile Form

Date: \_\_\_\_\_

Name of agency or individual provider: \_\_\_\_\_

Are you accepting new clients?      Yes      No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Web site address: \_\_\_\_\_

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

How long have you/your agency been providing services? \_\_\_\_\_

Indicate the certifications that you/your agency have (check all that apply):

IO Waiver Services

Level I Waiver Services

Adult Services

Supported Living Services

Other (please specify):

Indicate the services that you/your agency offer (check all that apply):

Home Maker Personal Care (HPC)

HPC Transportation

Nonmedical Transportation (NMT)

Adult Day/Vocational Services

Supported Employment – Community

Supported Employment - Enclave

Other (please specify):

Indicate the trainings/certifications that you/your staff have (check all that apply):

First Aid

CPR

Medication Administration

Crisis Intervention

Sign Language

Other (please specify):

## Provider Highlights

Please share with us any other information you wish individuals, families and/or guardians to know.