

DEPARTMENT OF HEALTH & HUMAN SERVICES
 DIVISION OF AGING AND ADULT SERVICES
PROVIDER AGENCY INFORMATION

1. TYPE OF INFORMATION	2. DATE	3. REGION	4. PROVIDER CODE	5. CONTRACT YEAR
Check only one				
<input type="checkbox"/> 1 NEW				
<input type="checkbox"/> 2 CHANGE				

6. AGENCY NAME	7. TELEPHONE	
8. AGENCY ADDRESS	FAX NUMBER (optional)	
CITY	STATE	ZIP CODE
9. CONTACT PERSON(S) FOR AGING SERVICES		
NAME	TITLE	
NAME	TITLE	
E-MAIL ADDRESS		

10. TYPE AGENCY Check all applicable	1	Non-Profit
	2	Profit
	3	Public
	4	*Minority

11. TYPE SERVICES PROVIDED Check all applicable	Supportive
	Nutrition-Congregate
	Nutrition-Home Delivered

FOR NUTRITION PROVIDERS ONLY

12. Providers of Congregate Nutrition Service, only - indicate the number of facilities by type: Senior Center
 Operating School Restaurant Community Center Religious Public or Low Rent Housing All Others

13. CONGREGATE - NUMBER OF DAYS SERVING						
7	6	5	4	3	2	1
14. Serving More than One (1) Meal Per Day						
Yes			No			

15. HOME DELIVERED MEALS - NUMBER OF DAYS DELIVERING						
7	6	5	4	3	2	1
16. Serving More than One (1) Meal Per Day						
Yes			No			

***Minority Provider** - An organization or business concern that is: (a) at least 51 percent owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority, or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals (or is governed by a board consisting of at least 51% minority individuals in the case of a private non-profit); and (b) has its management and daily business controlled by one or more minority individuals.

NOTE: This form is not applicable to subcontractors of provider agencies.