

PROVIDER CONTACT DATA COLLECTION SHEET

Prospective Franklin County Providers:

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

If currently in attendance of the Initial Waiver training, please submit completed form to the Instructor by the end of Day Two for tracking purposes.

If already approved, upon submission of this form, and if available, please include a copy of the ***"INITIAL or FINAL APPROVAL LETTER"***, issued to you/your agency by The Ohio Department of DD (DODD – formerly ODMRDD). Your ***DODD APPROVAL LETTER*** contains crucial information needed to authorize services in Franklin 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 FCBDD (currently on Fr. Co. Payroll)? (Circle one) **YES NO**

Provider Signature: _____ Date: _____

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

FCBDD, Office of Providers Relations, 2879 Johnstown Road, Columbus, OH 43219

- Or -

Fax/Email to (614) 342-5004/provider.relations@fcbdd.org

→ **Questions?** Write to above or Call (614) 342-5944

Office use only:

DODD #: _____ Waiver type: _____ CPR: _____

SL / IAL / FAL Rcvd: _____ Svc. Code(s): _____ F.A.: _____

Entered: _____ Eff. Date (s): _____ Wvr. Trng.: _____

CPT E/Mailed: _____ BCII: _____