



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AND DISABILITY SERVICES  
**CONSUMER DIRECTED SERVICES VENDOR PROFILE**

PLEASE TYPE OR PRINT CLEARLY

Vendor Number (if assigned):

**SECTION I: VENDOR INFORMATION**

1. LEGAL VENDOR NAME AS FILED WITH THE SECRETARY OF STATE, INCLUDING DBA NAME (SOLE PROPRIETORS, INCLUDE NAME AND DBA NAME)

2. PHYSICAL ADDRESS

4. TELEPHONE NUMBER

CITY

STATE

ZIP CODE

5. FAX NUMBER

3. MAILING ADDRESS, IF DIFFERENT

6. EMERGENCY TELEPHONE NUMBER (NIGHTS, WEEKENDS, ETC.)

CITY

STATE

ZIP CODE

7. E-MAIL ADDRESS

8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

9. MISSOURI EMPLOYER IDENTIFICATION NUMBER

10. NATIONAL PROVIDER IDENTIFICATION NUMBER

11. DAYS AND HOURS OF OPERATION

11. COUNTIES SERVED BY THE MAIN OFFICE

**SECTION II: PERSONNEL INFORMATION**

12. EXECUTIVE DIRECTOR

15. CDS COORDINATOR

13. TELEPHONE NUMBER

16. TELEPHONE NUMBER

14. E-MAIL ADDRESS

17. E-MAIL ADDRESS

**SECTION III: FISCAL YEAR**

VENDOR'S FISCAL YEAR BEGINS

(month/day)

ENDS

(month/day)

**SECTION IV: ELECTRONIC TRACKING SYSTEM**

Currently Using an Automated Electronic Telephone Tracking System in lieu of paper timesheets. Required effective 7/1/15.  
 Yes            No            If Yes, Name of Company Providing Service:

**SECTION V: SATELLITE OFFICE INFORMATION**

CDS COORDINATOR

TELEPHONE NUMBER

ADDRESS

FAX NUMBER

CITY

EMERGENCY TELEPHONE NUMBER (NIGHTS, WEEKENDS, ETC.)

STATE

ZIP CODE

E-MAIL ADDRESS

DAYS AND HOURS OF OPERATION

COUNTIES SERVED BY THIS OFFICE

CDS COORDINATOR

TELEPHONE NUMBER

ADDRESS

FAX NUMBER

CITY

EMERGENCY TELEPHONE NUMBER (NIGHTS, WEEKENDS, ETC.)

STATE

ZIP CODE

E-MAIL ADDRESS

DAYS AND HOURS OF OPERATION

COUNTIES SERVED BY THIS OFFICE

## VENDOR PROFILE FORM INSTRUCTIONS

### SECTION I: VENDOR INFORMATION

<b>Vendor Number</b>	If this form is completed as part of a proposal application, leave the field blank. Otherwise, enter the Vendor Number assigned to the business. The Vendor Number is located on the first page of the Participation Agreement for Home and Community Based Care.
<b>1. Legal Vendor Name</b>	Enter the name as filed with the Internal Revenue Service (IRS) and Missouri Secretary of State, including DBA name, if applicable. Sole Proprietors include DBA name. This name must match the legal name as filed with the Missouri Secretary of State, Internal Revenue Service (IRS) and Missouri Department of Revenue (DOR).
<b>2. Physical Address</b>	Enter the physical location of the main office.
<b>3. Mailing Address</b>	Enter the mailing address for the main office, if different from the physical address.
<b>4. Telephone Number</b>	Enter the primary business telephone number.
<b>5. Fax Number</b>	Enter the fax number for the main office.
<b>6. Emergency Telephone Number</b>	Enter the emergency telephone number, pager, etc. for nights, weekends, holidays, etc.
<b>7. E-mail Address</b>	Enter the e-mail address for the main office
<b>8. Federal Tax ID</b>	Enter the Federal Employer Identification Number (FEIN) assigned to the business by the IRS.
<b>9. Missouri Tax ID</b>	Enter the State Employer Identification Number (SEIN) assigned to the business by DOR
<b>10. National Provider Identification Number</b>	Enter the National Provider Identification Number (NPI). The NPI must be in the business name and the entity type should be 02-Organizational
<b>11. Days and Hours of Operation</b>	Enter the business days and hours of operation when the main office is open and business employees are on site.

### SECTION II: PERSONNEL INFORMATION

<b>12. Executive Director</b>	Enter the name of the owner of the highest-ranking person in charge of the business operations.
<b>13. Director's Telephone Number</b>	Enter the telephone number for the Executive Director.
<b>14. Director's E-mail Address</b>	Enter the e-mail address for the Executive Director
<b>15. CDS Coordinator</b>	Enter the name of the CDS Coordinator
<b>16. CDS Coordinator's Telephone Number</b>	Enter the telephone number for the CDS Coordinator
<b>17. CDS Coordinator E-mail Address</b>	Enter the e-mail address for the CDS Coordinator

### SECTION III: FISCAL YEAR

<b>Vendor's Fiscal Year Begins</b>	Enter the month and day that the business' fiscal year begins, e.g., July 1
<b>Vendor's Fiscal Year Ends</b>	Enter the month and day that the business' fiscal year ends, e.g., June 30

### SECTION IV: ELECTRONIC TRACKING SYSTEM

<b>Electronic Tracking System</b>	Effective 7/1/15 the Electronic Tracking System become mandatory. Mark the correct box to indicate you are or are not currently using an Electronic Tracking System. If you are, please indicate the name of the company you are using.
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### SECTION V: SATELLITE OFFICE INFORMATION

Satellite office is defined as an office that is regularly staffed. Offices used solely to drop off timesheets, pick up schedules, etc. do not need to be reported. If there are more than two satellite offices, attach additional sheets as necessary.

<b>CDS Coordinator</b>	Enter the name of the CDS Coordinator for the satellite office
<b>Address</b>	Enter the physical street location of the satellite office. It cannot be the same address as the main office
<b>City, State, Zip Code</b>	Enter the city, state and zip code information for the satellite office
<b>Telephone Number</b>	Enter the telephone number for the satellite office. It cannot be the same address as the main office
<b>Fax Number</b>	Enter the fax number for the satellite office.
<b>Emergency Telephone Number</b>	Enter the emergency telephone number, pager, etc. for nights, weekends, holidays, etc. for the satellite office.
<b>E-mail Address</b>	Enter the E-mail address for the satellite office
<b>Days and Hours of Operation</b>	Enter the business days and hours of operation when the satellite office is open and employees are onsite
<b>Counties Served By Satellite Office</b>	Indicate the counties serviced by the satellite office. Do NOT include the counties to be serviced by the main office or another satellite office. This office will be contacted regarding the participants residing in the county(ies).