



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF SENIOR AND DISABILITY SERVICES
IN-HOME 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 | |
| 12. INDICATE COUNTIES SERVED BY MAIN OFFICE | | | |

SECTION II: PERSONNEL INFORMATION

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| 13. EXECUTIVE DIRECTOR | | 16. DESIGNATED MANAGER | |
| 14. TELEPHONE NUMBER | | 17. TELEPHONE NUMBER | |
| 15. E-MAIL ADDRESS | | 18. E-MAIL ADDRESS | |
| 19. REGISTERED NURSE | | 20. MO RN LICENSE NUMBER | |
| 21. TELEPHONE NUMBER | | 22. E-MAIL ADDRESS | |

SECTION III: 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 IV: SATELLITE OFFICE INFORMATION

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|--------------------------------|----------|---|--|
| CONTACT PERSON | | 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 | | | |
| CONTACT PERSON | | 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

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| Vendor Number | 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. |
| 1. Legal Vendor Name | 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). |
| 2. Physical Address | Enter the physical location of the main office. |
| 3. Mailing Address | Enter the mailing address for the main office, if different from the physical address. |
| 4. Telephone Number | Enter the primary business telephone number. |
| 5. Fax Number | Enter the fax number for the main office. |
| 6. Emergency Telephone Number | Enter the emergency telephone number, pager, etc. for nights, weekends, holidays, etc.(that is not the same as the main office) |
| 7. E-mail Address | Enter the e-mail address for the main office |
| 8. Federal Tax ID | Enter the Federal Employer Identification Number (FEIN) assigned to the business by the IRS. |
| 9. Missouri Tax ID | Enter the State Employer Identification Number (SEIN) assigned to the business by DOR |
| 10. National Provider Identification Number | Enter the National Provider Identification Number (NPI). The NPI must be in the business name and the entity type should be 02-Organizational |
| 11. Days and Hours of Operation | Enter the business days and hours of operation when the main office is open and business employees are on site. |
| 12. Service Area | If Satellite office(s) are listed in Section IV; list out the counties served by main office |

SECTION II: PERSONNEL INFORMATION

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| 13. Executive Director | Enter the name of the owner of the highest-ranking person in charge of the business operations. |
| 14. Director's Telephone Number | Enter the telephone number for the Executive Director. |
| 15. Director's E-mail Address | Enter the e-mail address for the Executive Director |
| 16. Designated Manager | Enter the name of the Designated Manager |
| 17. Designated Manager's Telephone Number | Enter the telephone number for the Designated Manager |
| 18. Designated Manager's E-mail Address | Enter the e-mail address for the Designated Manager |
| 19. Registered Nurse (RN) | Enter the name of the Registered Nurse (RN) |
| 20. RN's MO License Number | |
| 21. RN's Telephone Number | |
| 22. RN's E-Mail address | |

SECTION III: ELECTRONIC TRACKING SYSTEM

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| Electronic Tracking System | 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 IV: SATELLITE OFFICE INFORMATION

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| 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. | |
| Contact Person | Enter the name of the Contact Person for the satellite office |
| Address | Enter the physical street location of the satellite office. It cannot be the same address as the main office |
| City, State, Zip Code | Enter the city, state and zip code information for the satellite office |
| Telephone Number | Enter the telephone number for the satellite office. It cannot be the same address as the main office |
| Fax Number | Enter the fax number for the satellite office. |
| Emergency Telephone Number | Enter the emergency telephone number, pager, etc. for nights, weekends, holidays, etc. for the satellite office. |
| E-mail Address | Enter the E-mail address for the satellite office |
| Days and Hours of Operation | Enter the business days and hours of operation when the satellite office is open and employees are onsite |
| Counties Served By Satellite Office | 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). |