



**A. VENDOR INFORMATION**

|   |                                   |   |  |                            |
|---|-----------------------------------|---|--|----------------------------|
| VENDOR NAME   |                                   |   | VENDOR NUMBER (from MAXIS database)                        |                            |
| RESIDENCE STREET ADDRESS (where resident lives)   |                                   | CITY  | STATE  | ZIP CODE                   |
| VENDOR CONTACT PERSON   |                                   | PHONE   | FAX NUMBER   |                            |
| EMAIL   | SETTING TYPE (GROUP OR COMMUNITY) | NPI/UMPI NUMBER (only if providing Supplemental Services) |  |                            |
| BUSINESS NAME AND ADDRESS OF LICENSE AND/OR REGISTRATION HOLDER, IF DIFFERENT FROM VENDOR |                                   |   |  |                            |
| FEDERAL NONPROFIT 501 (c)(3) STATUS   |                                   | FEDERAL EMPLOYER ID or SOCIAL SECURITY NUMBER             | MINNESOTA TAX ID NUMBER                                    |                            |
| DHS LICENSE 1   |                                   | DHS LICENSE 2   | DHS LICENSE 3  |                            |
| HEALTH DEPT LICENSE 1 (includes exemptions)   |                                   | HEALTH DEPT LICENSE 2 (includes exemptions)               | HEALTH DEPT LICENSE 3 (includes exemptions)                |                            |
| NUMBER OF LICENSED BEDS   |                                   | NUMBER OF AUTHORIZED HOUSING SUPPORT BEDS                 | FAMILY FOSTER CARE   |                            |
| RESIDENT DISABILITY TYPE 1  | RESIDENT DISABILITY TYPE 2        | RESIDENT DISABILITY TYPE 3                                | RESIDENT DISABILITY TYPE 4                                 | RESIDENT DISABILITY TYPE 5 |
| HOUSING SUPPORT RATE START DATE   |                                   |   | HOUSING SUPPORT RATE END DATE                              |                            |
| HOUSING SUPPORT ROOM AND BOARD RATE (RATE 1) – MONTHLY                                    |                                   |   | HOUSING SUPPORT ROOM AND BOARD RATE (RATE 1) – PER DIEM    |                            |
| HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE (SSR) – MONTHLY                                 |                                   |   | HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE (SSR) – PER DIEM |                            |
| EXEMPT REASON FOR SUPPLEMENTAL SERVICE RATE   |                                   |   | AGENCY (COUNTY, TRIBE, OR MULTICOUNTY COLLABORATIVE)       |                            |
| AGENCY CONTACT PERSON   |                                   |   | AGENCY PHONE   |                            |

**B. PAYEE (WHERE HOUSING SUPPORT PAYMENTS ARE SENT)**

|                |  |       |          |                         |
|----------------|--|-------|----------|-------------------------|
| PAYEE NAME     |  |       | C/O      |                         |
| STREET ADDRESS |  |       |          |                         |
| CITY           |  | STATE | ZIP CODE | DIRECT DEPOSIT (Yes/No) |

**C. PROVIDER OF SUPPLEMENTAL SERVICES (IF DIFFERENT FROM ABOVE)**

|                |  |   |
|----------------|--|---|
| PROVIDER NAME  |  | NPI/UMPI Number (only if providing Supplemental Services) |
| CONTACT PERSON |  | PHONE   |

**D. NOTES/COMMENTS**

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