SALT LAKE COUNTY
AGING & ADULT SERVICES

EXHIBIT I

GENERAL PROVIDER INFORMATION

Application Type:

- ☐ Home Health Agency
- ☐ Personal Care Agency
- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Nursing Care Facility
- ☐ Other (describe):
- ☐ Emergency Response/Medication Dispenser System
- ☐ Fiscal Intermediary
- ☐ Home Delivered Meals
- ☐ Specialized Medical Equipment/Assistive Tech.
- ☐ Environmental Adaptation

Agency Information:

Full Agency Name:

Phone:	Fax:		
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

Federal Employment Identification Number:

Agency Web Address:

Executive Director / Administrator (person authorized to sign contract):

Name:	Phone:	Extension:	
Address:	City:	State:	Zip:
Fax:	Email Address:		

Case Manager (person the case manager will contact to start services):

Name:	Phone:	Extension:	
Address:	City:	State:	Zip:
Fax:	Email Address:		

Billing Contact (person who will complete provider billing spreadsheet(s):

Name:	Phone:	Extension:	
Address:	City:	State:	Zip:
Fax:	Email Address:		

Person completing this form:

Name:	Phone:	Extension:	
Address:	City:	State:	Zip:
Fax:	Email Address:		