

ADULT DAY HEALTH CARE

Provider Profile (please type or print clearly)

1. Legal Provider Name	
2. Name of the Owner, Chairman of the Board or Chief Executive Officer	
3. On-site Manager or Contact Person for the Center	
4. Mailing Address	
5. City, State, Zip	
6. Physical Address, if different	
7. City, State, Zip	
8. Telephone Number	11. Federal Tax ID Number
9. FAX Number	12. Medicaid Provider Number
10. E-Mail Address	13. Adult Day Care License Number
14. Counties for Which Transportation Will Be Provided	