

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. |
| 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). |
| Physical Address | Enter the physical location of main office. |
| Mailing Address | Enter the mailing address for main office, if different from physical address. |
| Telephone Number | Enter the primary business telephone number. |
| Fax Number | Enter the fax number for the main office. |
| Emergency Telephone Number | Enter the emergency telephone number, pager, etc. for nights, weekends, holidays, etc. |
| E-mail Address | Enter the e-mail address for the main office. |
| Federal Tax ID | Enter the Federal Employer Identification Number (FEIN) assigned to the business by the IRS. |
| Missouri Tax ID | Enter the State Employer Identification Number (SEIN) assigned to the business by DOR. |
| Days and Hours of Operation | Enter the business days and hours of operation when the main office is open and business employees are onsite. |
| Counties Served by Main Office | Indicate the counties served by the main office. Do not include the counties to be served by a satellite office as this information should be reported in Section IV. |

SECTION II: PERSONNEL INFORMATION

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| Executive Director | Enter the name of the owner or the highest-ranking person in charge of the business operations. |
| Director's Telephone Number | Enter the telephone number for the Executive Director. |
| Director's E-mail Address | Enter the e-mail address for the Executive Director. |
| CDS Coordinator | Enter the name of the CDS Coordinator for the business. |
| CDS Coordinator Telephone Number | Enter the telephone number for the CDS Coordinator. |
| CDS Coordinator E-mail Address | Enter the e-mail address for the CDS Coordinator. |

SECTION III: FISCAL YEAR

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

SECTION IV: ELECTRONIC TRACKING SYSTEM

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| Electronic Tracking System | If an automated telephone tracking system is utilized rather than paper timesheets, mark the "Yes" box and indicate the name of the company providing the service. If paper timesheets are utilized rather than an automated telephone tracking system, mark the "No" box. (NOTE: Prior permission must be granted by MMAC Provider Contracts to use an automated telephone tracking system.) |
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SECTION V: SATELLITE OFFICE INFORMATION

A 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.

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