

VENDOR APPLICANT PROFILE

Federal Tax ID: _____
or SSN: _____

Applicant Name: (Agency or Individual)

Name of any governing body or management organization:

Type of Service to be provided:

Mailing Address: (Street) (City) (State) (Zip)

Service Address: (Street) (City) (State) (Zip)

Telephone Number

Fax Number

Emergency Telephone

Facility Capacity:

Contact Name:

Email Address:

Languages Spoken by Staff:

Type of Consultants, subcontractors and community services to be used (if not listed in service description):

Do you accept: MediCal? Yes No MediCare? Yes No Other insurance? Yes No

How did you hear about the regional center?

Have you / Are you currently vendored with the regional center? (Please circle) Yes No

If yes, other services for which you are vendored:

Service/Program: Vendor # and Service Code Vending Regional Center

CERTIFICATION:

I hereby certify to the best of my knowledge and belief, this information is true, correct and complies with Title 17, Section 54310(a).

Applicant's Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____