|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Provider File Action Request** | | | | | | |
| **IMPORTANT: Is this a tax ID change for an existing provider?**  Yes  No | | | | | |
| 1. ACTION  Add  Change | | | 2. Current SSPS # if Applicable | | 3. COUNTY |
| 4. STATUS (CHECK ONE) | | | | | |
| **0** Open | **3**  Lien/Garnishment (for use by Finance  Division only) | | | **5** Open and receiving direct deposit | |
| **1** Closed | **4** Contact SSPS Control before using  Status 4 provider | | | (for SSPS Control use only) | |
| **2** Deceased | **Also contact SSPS Control to request Status 4 designation.** | | | | |
| 5. TELEPHONE NUMBER (INCLUDE AREA CODE) | | 6. CELL NUMBER (INCLUDE AREA CODE) | | | |
| 7. FAX NUMBER (INCLUDE AREA CODE) | | 8. CONTACT PREFERENCE  Mail  Email | | | |
| 9. EMAIL ADDRESS | | | | | |
| 10. TYPE OF AGENCY/PROVIDER (OVER) | | 11. PAYEE PROVIDER REF NUMBER | | | |
| **You must enter either the Social Security Number (SSN) or Employer Identification Number (EIN).**  Individuals use Social Security Number (SSN); sole proprietors may use either Employer Identification Number (EIN) or SSN; Limited Liability Companies (LLCs), corporations and partnerships must have an EIN. | | | | | |

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|  | | | | | |
| 12. SSN | **OR** 13. EIN/ITIN |  | 13 (a) FAMLINK NUMBER | | |
| 14. MAILING NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) FOR TAX DOCUMENTS | | | |  | |
| BUSINESS NAME IF DIFFERENT FROM ABOVE | | | |  | |
| (1) ADDRESS | | | |  | |
| (2) ADDRESS | | | |  | |
| CITY | | | | STATE | ZIP CODE |
| 15. BILLING NAME IF DIFFERENT (LAST NAME, FIRST NAME, MIDDLE INITIAL - **OR** BUSINESS NAME) | | | | Complete Item 15 only if the | |
| BUSINESS NAME IF DIFFERENT FROM ABOVE | | | | Information is different from  Item 14 above | |
| (1) ADDRESS | | | | . | |
| (2) ADDRESS | | | |  | |
| CITY | | | | STATE | ZIP CODE |
| 15B. IN CASE OF EMERGENCY (ICE) CONTACT NAME | | | | PHONE NUMBER W/AREA CODE | |
| ADDRESS | | | |  |  |

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| --- |
| REQUESTOR INFORMATION |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16. REQUESTOR’S NAME | | | 17. TELEPHONE NUMBER | | | 18. RU NUMBER | | 19. DATE |
| **PRIMARY PROVIDER INFORMATION** | | **SECONDARY PROVIDER INFORMATION** | | | **OTHERS IN HOME (ADD ADDITIONAL PAGES IF NESESSARY)** | | | |
| FULL NAME | | FULL NAME | | | FULL NAME | | | |
| GENDER | | GENDER | | | GENDER | | | |
| DATE OF BIRTH | | DATE OF BIRTH | | | DATE OF BIRTH | | | |
| RACE | HISPANIC/LATINO  Yes  No | RACE | | HISPANIC/LATINO  Yes  No | RACE | | HISPANIC/LATINO  Yes  No | |
| MARITAL STATUS | | MARITAL STATUS | | | MARITAL STATUS | | | |

ITEM 3: COUNTY CODE LIST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CODE | COUNTY | CODE | COUNTY | CODE | COUNTY | CODE | COUNTY |
| 01 | Adams | 11 | Franklin | 21 | Lewis | 31 | Snohomish |
| 02 | Asotin | 12 | Garfield | 22 | Lincoln | 32 | Spokane |
| 03 | Benton | 13 | Grant | 23 | Mason | 33 | Stevens |
| 04 | Chelan | 14 | Grays Harbor | 24 | Okanogan | 34 | Thurston |
| 05 | Clallam | 15 | Island | 25 | Pacific | 35 | Wahkiakum |
| 06 | Clark | 16 | Jefferson | 26 | Pend Oreille | 36 | Walla Walla |
| 07 | Columbia | 17 | King | 27 | Pierce | 37 | Whatcom |
| 08 | Cowlitz | 18 | Kitsap | 28 | San Juan | 38 | Whitman |
| 09 | Douglas | 19 | Kittitas | 29 | Skagit | 39 | Yakima |
| 10 | Ferry | 20 | Klickitat | 30 | Skamania | 40 | Out-of-state |

ITEM 11: TYPE OF AGENCY/PROVIDER

|  |  |  |  |
| --- | --- | --- | --- |
| CODE | NAME | CODE | NAME |
| AA | Adoption Agency | GS | Group Shelter/Receiving Home |
| AC | Attendant Care | HA | Health Agency |
| AF | Adult Family Home | HO | Home Aid |
| AG | Area Agency on Aging | HS | Hospital |
| AL | Alternative Living | IC | Intermediate Care Facility (ICF) |
| AP | Adoptive Home | IL | Independent Living |
| AR | Alcohol/Drug Rehabilitation Facility | IR | Institution for Mentally Retarded (IMR) |
| AS | Alcohol Shelter | MA | Maternity Home |
| AT | Attorney at Law | MC | Mental Health Center |
| BH | Boarding Home (Assisted Living, ARC, and EARC) | MH | Mental Health Hospital |
| CA | COPES Agency Provider | ND | Nurse Delegation |
| CB | Commercial Business | OP | Optometrists/Optician |
| CC | Child Care Center | OS | Other Social Service Agency |
| CD | Child Development and Mental Retardation Center | PC | Personal Care Provider |
|  | University of Washington (CDMRC) | PF | Private Agency Foster Home |
| CH | Child Care Family Home, Licensed | PG | Public/Government Agency |
| CI | Child Care In-Home | PH | Physician/Surgeon/Ophthalmologist |
| CL | Client Payee | PI | Private Individual |
| CP | COPES Individual Provider | PP | Protective Payee |
| CR | Chore Service Provider | PT | Physical Therapist/Occupational Therapist |
| CS | Child Study/Guidance Clinic | PS | Private Group Service Agency |
| CT | Court (County/Municipal/Juvenile) | RC | Crisis Residential Center |
| CU | Community College/University | RE | Respite/Emergency Care Provider |
| CX | Chiropractor | RL | Relative |
| DE | Dentist/Orthodontist | RT | Residential Treatment Facility |
| DG | DD Group Home | RU | Reporting Unit (CSO, DCFS, FSO) |
| DH | Day Health Center | SC | School |
| DV | Developmental Center | SD | Seasonal Day Camp, accredited |
| EA | Employment/Training Agency | SH | Shelter/Receiving Home (Family) |
| EW | Extended Employment Workshop | SK | Skilled Nursing Facility (SNF) |
| FF | Family Foster Home (DCFS) | SL | Supported Living |
| FG | Foster Group Home | SP | Social Worker/Psychologist/Psychiatrist |
| FP | Family Planning Clinic | TR | Transportation Agency |
| FR | Family Resource Coordinator | VO | Volunteer Individual/Organization |
| FS | Family Support Parent Provider | VR | Vocational Rehabilitation |

**NOTE: The greyed out Agency/Provider Types are no longer *typically* used. All types *can* be used, but the greyed out items are not used often now that SSPS does not pay ALTSA, DDA or HCS providers.**

**For child care, the codes used are CC, CH and CI**

**MAILING NAME** - This must be the legal name associated with the tax number entered in item 13 or 14.

**ADDRESS** – This is where tax documents are mailed at year end. If there isn’t a billing name and address, this is also where other mail is sent.

**BILLING NAME** – If this field is used, it must be either the mailing name or business name from item 16. **BILLING ADDRESS** – If this is used, this is where all mail, except the tax documents, is sent.