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
☐ **1** Closed
☐ **2** Deceased
☐ **3** Lien/Garnishment (for use by Finance Division only)
☐ **4** Contact SSPS Control before using Status 4 provider
☐ **5** Open and receiving direct deposit (for SSPS Control use only)

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.

12. SSN **OR**	13. EIN	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 Information is different from Item 14 above.	
BUSINESS NAME IF DIFFERENT FROM ABOVE		
(1) ADDRESS		
(2) ADDRESS		
CITY	STATE	ZIP CODE
15B. IN CASE OF EMERGENCY (ICE) CONTACT NAME	PHONE NUMBER W/AREA CODE	
ADDRESS		

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		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 University of Washington (CDMRC)	PC	Personal Care Provider
		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.