Provider Change Form User Guide

Purpose

This guide is intended to serve as instructions to help you complete the Provider Change Form to **update or change contact information** and/or **add a suffix** to an existing Statewide Vendor (SWV) number.

Update or Change Contact Information	Add a Suffix
This can include the following: changing the authorized contact person, "Doing Business As" (DBA) name, phone number, mailing address, email address, or adding an additional business location under the same EIN.	A suffix is needed when a licensed child care business owner wants to use their **facility** SWV number to receive an **individual** education or training reimbursement payment.

Instructions

Step 1:

Download the Provider Change Form.

Step 2:

Follow the instructions to update/change contact information or add a suffix:

Update/Change Contact Information

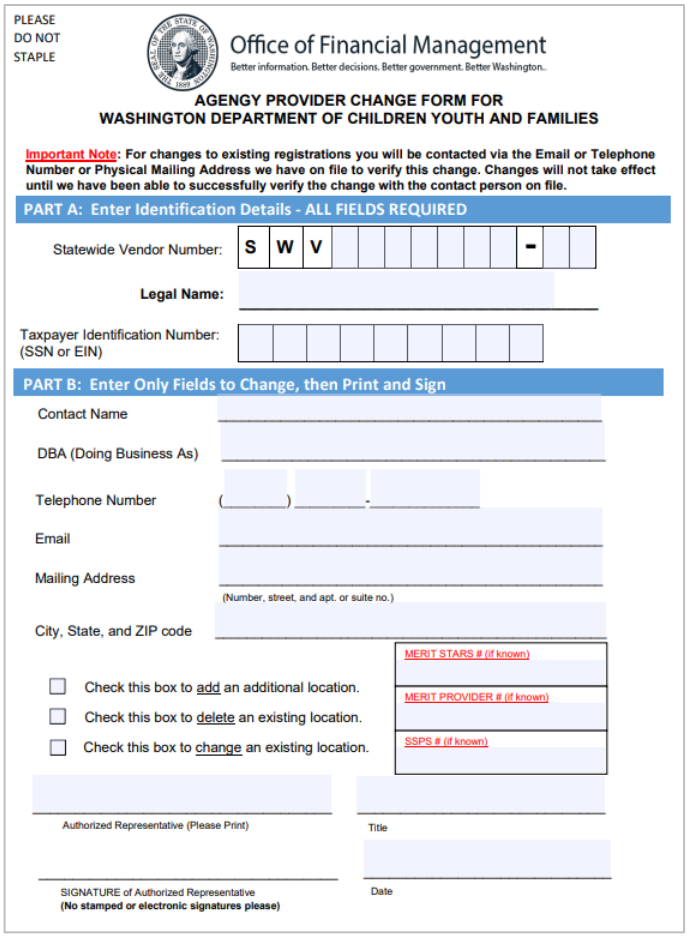
- Part A: Complete all fields
- Part B:
  - Complete only the fields you need to update or change
  - Select the third box stating "Check this box to change an existing location"

Add a Suffix

- Part A: Complete all fields
- Part B:
  - Complete all fields except for the DBA field
  - Select the third box stating "Check this box to change an existing location"

Step 3:

Email your completed form to dcyf.statewidevendorregistration@dcyf.wa.gov.



PLEASE DO NOT STAPLE

Office of Financial Management
Better information. Better decisions. Better government. Better Washington.

AGENCY PROVIDER CHANGE FORM FOR WASHINGTON DEPARTMENT OF CHILDREN YOUTH AND FAMILIES

Important Note: For changes to existing registrations you will be contacted via the Email or Telephone Number or Physical Mailing Address we have on file to verify this change. Changes will not take effect until we have been able to successfully verify the change with the contact person on file.

PART A: Enter Identification Details - ALL FIELDS REQUIRED

Statewide Vendor Number: S W V -

Legal Name:

Taxpayer Identification Number: (SSN or EIN)

PART B: Enter Only Fields to Change, then Print and Sign

Contact Name

DBA (Doing Business As)

Telephone Number ( ) -

Email

Mailing Address

(Number, street, and apt. or suite no.)

City, State, and ZIP code

MERIT STARS # (if known)

MERIT PROVIDER # (if known)

SSPS # (if known)

☐ Check this box to add an additional location.
☐ Check this box to delete an existing location.
☐ Check this box to change an existing location.

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative
(No stamped or electronic signatures please)

Date

Questions?

- For general SWV questions, email dcyf.statewidevendorregistration@dcyf.wa.gov
- To update information in the WA Compass Portal, email dcyf.providerportal@dcyf.wa.gov or call 1-866-627-8929
- To update information in MERIT, email MERIT@dcyf.wa.gov