| PROVIDER Demographic Information | | | |
| --- | --- | --- | --- |
| Legal Provider Name: |  | | |
| DBA ( if applicable): |  | | |
| Tax ID(s): |  | | |
| NPI (s): |  | | |
| Lic# (s): |  | | |
| PRIMARY SERVICE ADDRESS | | | |
| Street: | | | |
| City: | | State: | Zip: |
| Phone: | | Fax: | Email: |
| ADDITIONAL sERVICE lOCATIONS | | | |
| Street: | | | |
| City: | | State: | Zip: |
| Phone: | | Fax: | Email: |

|  |  |  |
| --- | --- | --- |
| Organizational CONTACTS | | |
| **Provider Contact:** | | |
| Phone: | Fax: | Email: |
| **Intake Contact:** | | |
| Phone: | Fax: | Email: |
| **Credentialing Contact:** | | |
| Phone: | Fax: | Email: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please circle the NYS counties that you are licensed to provide service in: | | | | | |
| |  | | --- | | Albany | | Allegany | | Bronx | | Broome | | Cattaraugus | | Cayuga | | Chautauqua | | Chemung | | Chenango | | Clinton | | |  | | --- | | Columbia | | Cortland | | Delaware | | Dutchess | | Erie | | Essex | | Franklin | | Fulton | | Genesee | | Greene | | |  | | --- | | Hamilton | | Herkimer | | Jefferson | | Kings | | Lewis | | Livingston | | Madison | | Monroe | | Montgomery | | Nassau | | |  | | --- | | New York | | Niagara | | Oneida | | Onondaga | | Ontario | | Orange | | Orleans | | Oswego | | Otsego | | Putnam | | |  | | --- | | Queens | | Rensselaer | | Richmond | | Rockland | | Saratoga | | Schenectady | | Schoharie | | Schuyler | | Seneca | | St. Lawrence | | Steuben | | |  | | --- | | Suffolk | | Sullivan | | Tioga | | Tompkins | | Ulster | | Warren | | Washington | | Wayne | | Westchester | | Wyoming | | Yates | |
| **☐ All New York Counties** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE CHECK ALL SERVICES YOUR ORGANIZATION PROVIDES** | | | |
| Free Standing Clinic  General  FQHC’s  Article 16 – OPWDD  Article 28 – DOH  Article 31 – OMH  Article 32 – OASAS  Medical Care Providers | Outpatient Hospital  Inpatient Hospital  Behavioral Health  Rehabilitation Therapy  Residential Treatment Facility  Substance Abuse | Services  General  Ambulatory Care  Audiology  Chronic Disease Self-Management  Day Treatment  Dental  Emergency Room  Laboratory  Medication Management  Nutrition | Services Continue:  Optometry  Partial Hospitalization  Preventative Care  Primary Care  Podiatry  Psychiatric  Rehabilitation Therapy  Specialists (List):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Therapy  Wellness Care |
| Adaptive Services – Assistive Tech (CFCO) | Family Education and Training | Interpreter Services | Refugee Services  Employment Services  Resettlement Services |
| Assistive Technology | Family Planning | Live-in Caregiver | Regional START Team  Crisis Prevention  Response Services |
| Behavioral Health Rehabilitation Services  ACT  OMH  PROS | Fiscal Intermediary | LTSS:  Adult Day Health  Personal Care | Residential Habilitation  IRA Supported  IRA Supervised  Family Care |
| Camps | Food Pantry | Mental Health Clinic | Respite |
| Clothing Center/Closets | Home Delivered / Congregate Meals | Money Management Skills | School Supplies Assistance |
| Community Kitchens | Heath Home Care Management | Moving Assistance | Services to Support Self Direction |
| Community Habilitation | Home Health Care (AIDE) | Nursing | Skilled Nursing Facility |
| Community Transitional Services | Homeless Assistance | Pathway to Employment | Support Brokerage |
| Day Habilitation | Homemaker / Housekeeper | Personal Care Products Assistance | Supported Employment Habilitation (SEMP) |
| Durable Medical Equipment / Medical Supplies | Housing | Personal Care  Consumer Directed Personal Assistance (CDPAS) | Supportive Health Services  School Based  Early Intervention |
| Emergency Assistance  Housing/Rental  Prescription  Utility  Shelters | Individual Directed Goods and Services | Personal Emergency Response (PERS) | Transportation –  non-emergency, medical  non-emergency, social |
| Environmental Modification | Intensive Behavioral Support (IBP) | Prevocational Habilitation  Community Based  Site-Based | Vehicle Modification |
| Miscellaneous (Specify Miscellaneous Service) | | | |

|  |  |
| --- | --- |
| **Completed By:** | |
| **Title:** | **Date:** |

**Please email or mail completed form to Prime Care Coordination**

**Email:** [PrimeNetwork@primecareny.org](mailto:PrimeNetwork@primecareny.org)

**Mail: Andrea Foote Attn: Prime Care Coordination 860 Hard Rd. Webster, NY 14580**