| 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: |

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

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| Please circle the NYS counties that you are licensed to provide service in: |
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| Albany |
| Allegany |
| Bronx |
| Broome |
| Cattaraugus |
| Cayuga |
| Chautauqua |
| Chemung |
| Chenango |
| Clinton |

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| Columbia |
| Cortland |
| Delaware |
| Dutchess |
| Erie |
| Essex |
| Franklin |
| Fulton |
| Genesee |
| Greene |

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| Hamilton |
| Herkimer |
| Jefferson |
| Kings |
| Lewis |
| Livingston |
| Madison |
| Monroe |
| Montgomery |
| Nassau |

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| New York |
| Niagara |
| Oneida |
| Onondaga |
| Ontario |
| Orange |
| Orleans |
| Oswego |
| Otsego |
| Putnam |

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| Queens |
| Rensselaer |
| Richmond |
| Rockland |
| Saratoga |
| Schenectady |
| Schoharie |
| Schuyler |
| Seneca |
| St. Lawrence |
| Steuben |

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| Suffolk |
| Sullivan |
| Tioga |
| Tompkins |
| Ulster |
| Warren |
| Washington |
| Wayne |
| Westchester |
| Wyoming |
| Yates |

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| **☐ All New York Counties** |

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| **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) |

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

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

**Email:** PrimeNetwork@primecareny.org

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