



A. VENDOR INFORMATION				
VENDOR NAME			VENDOR NUMBER (from MAXIS database)	
RESIDENCE STREET ADDRESS (where resident lives)		CITY	STATE	ZIP CODE
VENDOR CONTACT PERSON		PHONE	FAX NUMBER	
EMAIL	SETTING TYPE (GROUP OR COMMUNITY)	NPI/UMPI NUMBER (only if providing Supplemental Services)		
BUSINESS NAME AND ADDRESS OF LICENSE AND/OR REGISTRATION HOLDER, IF DIFFERENT FROM VENDOR				
FEDERAL NONPROFIT 501 (c)(3) STATUS		FEDERAL EMPLOYER ID or SOCIAL SECURITY NUMBER	MINNESOTA TAX ID NUMBER	
DHS LICENSE 1		DHS LICENSE 2	DHS LICENSE 3	
HEALTH DEPT LICENSE 1 (includes exemptions)		HEALTH DEPT LICENSE 2 (includes exemptions)	HEALTH DEPT LICENSE 3 (includes exemptions)	
NUMBER OF LICENSED BEDS		NUMBER OF AUTHORIZED HOUSING SUPPORT BEDS	FAMILY FOSTER CARE	
RESIDENT DISABILITY TYPES 1	RESIDENT DISABILITY TYPES 2	RESIDENT DISABILITY TYPES 3	RESIDENT DISABILITY TYPES 4	RESIDENT DISABILITY TYPES 5
HOUSING SUPPORT RATE START DATE			HOUSING SUPPORT RATE END DATE	
HOUSING SUPPORT ROOM AND BOARD RATE (RATE 1) – MONTHLY			HOUSING SUPPORT ROOM AND BOARD RATE (RATE 1) – PER DIEM	
HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE (SSR) – MONTHLY			HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE (SSR) – PER DIEM	
EXEMPT REASON FOR SUPPLEMENTAL SERVICE RATE			AGENCY (COUNTY, TRIBE, OR MULTICOUNTY COLLABORATIVE)	
AGENCY CONTACT PERSON			AGENCY PHONE	
B. PAYEE (WHERE HOUSING SUPPORT PAYMENTS ARE SENT)				
PAYEE NAME			C/O	
STREET ADDRESS				
CITY		STATE	ZIP CODE	DIRECT DEPOSIT (Yes/No)
C. PROVIDER OF SUPPLEMENTAL SERVICES (IF DIFFERENT FROM ABOVE)				
PROVIDER NAME		NPI/UMPI Number (only if providing Supplemental Services)		
CONTACT PERSON		PHONE		
D. NOTES/COMMENTS				