DIVISION OF DISABILITY AND REHABILITATIVE SERVICES SERVICE PROVIDER REQUEST TO ADD COUNTIES OR SERVICES

Date_____

Provider Information:

Name of owner/chief executive: _____

Agency/Company Name: _____ Medicaid Provider #_____

DBA (if applicable)_____EIN #_____

Address:_____

City:_____ State:_____ Zip:_____

Please circle the counties to be added:

01 ADAMS	13 CRAWFORD	25 FULTON	37 JASPER	49 MARION	61 PARKE	73 SHELBY	85 WABASH
02 ALLEN	14 DAVIESS	26 GIBSON	38 JAY	50 MARSHALL	62 PERRY	74 SPENCER	86 WARREN
03 BARTHOLOMEW	15 DEARBORN	27 GRANT	39 JEFFERSON	51 MARTIN	63 PIKE	75 STARKE	87 WARRICK
04 BENTON	16 DECATUR	28 GREENE	40 JENNINGS	52 MIAMI	64 PORTER	76 STEUBEN	88 WASHINGTON
05 BLACKFORD	17 DEKALB	29 HAMILTON	41 JOHNSON	53 MONROE	65 POSEY	77 SULLIVAN	89 WAYNE
06 BOONE	18 DELAWARE	30 HANCOCK	42 KNOX	54 MONTGOMERY	66 PULASKI	78 SWITZERLAND	90 WELLS
07 BROWN	19 DUBOIS	31 HARRISON	43 KOSCIUSKO	55 MORGAN	67 PUTNAM	79 TIPPECANOE	91 WHITE
08 CARROLL	20 ELKHART	32 HENDRICKS	44 LAGRANGE	56 NEWTON	68 RANDOLPH	80 TIPTON	92 WHITLEY
09 CASS	21 FAYETTE	33 HENRY	45 LAKE	57 NOBLE	69 RIPLEY	81 UNION	99 OUT OF STATE
10 CLARK	22 FLOYD	34 HOWARD	46 LAPORTE	58 OHIO	70 RUSH	82 VANDERBURGH	
11 CLAY	23 FOUNTAIN	35 HUNTINGTON	47 LAWRENCE	59 ORANGE	71 SAINT JOSEPH	83 VERMILLION	
12 CLINTON	24 FRANKLIN	36 JACKSON	48 MADISON	60 OWEN	72 SCOTT	84 VIGO	__ **Statewide**

If requesting to add services, please list your agency's current services:_____

Please list the services you are requesting to add:_____

Prior to requesting to add services, please review service requirements at the following:
http://www.in.gov/fssa/ddrs/2644.htm

Describe how you meet the qualifications to provide the requested service:_____

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