

ADC Provider Contact Information

Business Name:		
Office Mailing Address:		Primary Email Address:
Office Physical Address:		Counties served from this location:
Office Phone:	Is it a Landline? Yes or No <input type="checkbox"/> <input type="checkbox"/>	Office Fax:
Owner(s) Name:		Phone:
Contact Person's Name:		Phone:
ADC Provider ID Number:		
Hours of Operation:		
Total number of restrooms in the facility:	Current No. of Individuals Served:	
Total number of stalls per restroom:	Date of most current kitchen permit or food service contract:	
Number of vehicles used to transport individuals:	Date of the last fire inspection:	
If additional space is needed, please attach additional sheet.		
Job Title	Number of staff in this position	Name(s) of staff in this position
Administrator/CEO/President		
Program Coordinator		
Social Worker		
Registered Nurse		
Activities Coordinator		
Program Assistant		
Secretary/Bookkeeper		
Driver		
Food Service Coordinator (if food prepared on-site) OR Food Service Provider/Caterer		