

SECTION III: MUST be completed for each location.

Please select your provider type(s) from the drop down lists below

Location Information		
Location Name:	Address, City, State, Zip:	
Location Contact/Title:	Location Email Address:	Location Phone Number:
Location Fax Number:	Language(s) spoken other than English:	NPI (if applicable):

Operational Information	
Accepting New Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Same Day Appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Health Records (EHR): <input type="checkbox"/> Yes <input type="checkbox"/> No	Pets Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized Programming: Describe information specific to location e.g., programming or services for dementia or challenging behaviors.	

Specialty Programs Served:		
<input type="checkbox"/> Advanced Aged <input type="checkbox"/> AODA <input type="checkbox"/> Correctional Clients <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Emotionally Disturbed/Mental Illness <input type="checkbox"/> Irreversible Dementia/Alzheimer's <input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Pregnant Women/Counseling <input type="checkbox"/> Public Finding <input type="checkbox"/> Terminally Ill <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Female only <input type="checkbox"/> Male only	Provider Service Location: <input type="checkbox"/> Dane <input type="checkbox"/> Kenosha <input type="checkbox"/> Milwaukee <input type="checkbox"/> Racine <input type="checkbox"/> Sauk <input type="checkbox"/> other

Location Hours:						
24/7 <input type="checkbox"/> Yes <input type="checkbox"/> No If location is not 24/7, please list hours below						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Licensure, Certifications or Accreditation (if applicable):	Number	Effective Date	Expiration Date	Date of Last Full Survey	Any Deficiencies	
Medicaid Provider						
Wisconsin DQA Certified/Licensed					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accrediting Organization					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Memberships/Certifications					<input type="checkbox"/> Yes <input type="checkbox"/> No	
WI Coalition for Collaborative Excellence in Assisted Living (WCCEAL)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this location or facility ever been revoked or denied any of the above?						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail if this location or facility has ever been revoked or denied any of the above.

For Residential Facilities, check applicable facility type Owner Occupied Corporate