

**VENDOR APPLICANT PROFILE**

Federal Tax ID: \_\_\_\_\_  
or SSN: \_\_\_\_\_

**Applicant Name:** (Agency or Individual)

**Name of any governing body or management organization:**

**Type of Service to be provided:**

**Mailing Address:** (Street) (City) (State) (Zip)

**Service Address:** (Street) (City) (State) (Zip)

**Telephone Number**

**Fax Number**

**Emergency Telephone**

**Facility Capacity:**

**Contact Name:**

**Email Address:**

**Languages Spoken by Staff:**

**Type of Consultants, subcontractors and community services to be used (if not listed in service description):**

**Do you accept:** MediCal? Yes No MediCare? Yes No Other insurance? Yes No

**How did you hear about the regional center?**

**Have you / Are you currently vendored with the regional center?** (Please circle) Yes No

If yes, other services for which you are vendored:

**Service/Program:** Vendor # and Service Code Vending Regional Center

**CERTIFICATION:**

I hereby certify to the best of my knowledge and belief, this information is true, correct and complies with Title 17, Section 54310(a).

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_