EXHIBIT 2

SALT LAKE COUNTY
AGING & ADULT SERVICES

GENERAL PROVIDER INFORMATION

Application Type:

☐ Home Health Agency   ☐ Emergency Response/Medication Dispenser System

☐ Personal Care Agency   ☐ Fiscal Intermediary

☐ Adult Day Care   ☐ Home Delivered Meals

☐ Assisted Living Facility   ☐ Specialized Medical Equipment/Assistive Tech.

☐ Nursing Care Facility   ☐ Environmental Adaptation

☐ Other (describe):

Agency Information:

Full Agency Name:

Phone: Fax:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Federal Employment Identification Number:

Agency Web Address:

Executive Director / Administrator (person authorized to sign contract):

Name: Phone: Extension:

Address: City: State: Zip:

Fax: Email Address:

Case Manager (person the case manager will contact to start services):

Name: Phone: Extension:

Address: City: State: Zip:

Fax: Email Address:

Billing Contact (person who will complete provider billing spreadsheet(s):

Name: Phone: Extension:

Address: City: State: Zip:

Fax: Email Address:

Compliance Contact (person responsible for all Licenses and Insurance updates):

Name: Phone: Extension:

Address: City: State: Zip:

Fax: Email Address: