DHS
Oregon Department of Human Services

Internal Use Only

NEW DD PSW or Individual In-Home Provider Enrollment Information Form

Office of Developmental Disability Services

For Initial Enrollment Only

Section 1: Identifying Information

Disclosure of Social Security Number and Date of Birth is required pursuant to 42 USC 405(c)(2)(i) for the purpose of establishing identification, 42 CFR 455.104 for the purpose of exclusion verification, and 26 CFR 301.6109-1 for the purpose of reporting tax information.

Provider Information

1. **Individual Name** ***(full legal name required)***:

   Last : **First** : **Middle Initial** :

2. Individual's **Date of Birth** ***(required)***: / /

3. Doing Business As (DBA) Name:

4. **Social Security Number** (SSN) ***(required)***:

   Other **Tax ID Number** (TIN) if different than SSN:

5. **Provider's Email Address:**

6. **Provider Type**: Using addendum list on page 3, enter the number(s) for the provider type(s) the provider to be enrolled as:

7. **Is the provider an active DHS Provider in Oregon**? ☐ Yes ☐ No

   If Yes, please indicate the provider's SPD Provider ID number(s).

   Is the provider an active Medicaid Provider in another state? ☐ Yes ☐ No

   If Yes, please indicate your Medicaid Provider ID number, state and contact information.

   Medicaid Provider ID number: State:

8. **Has this person been convicted of a criminal offense related to this person's involvement in any program under Medicare, Medicaid or Child Welfare?** ☐ Yes ☐ No

Section 2: Corporation, Partnership or other information

If the Provider is incorporated, complete this section.

1. Official **IRS Business Name**:

2. Doing Business As (DBA) Name:

3. **Business Type -** Indicate all that apply:

☐ Individual Practitioner ☐ Trust

☐ Sole Proprietorship ☐ LLC

☐ Partnership ☐ LLP

4. **Employer Identification Number** (EIN) **or Tax Identification Number** (TIN):

5. **Provider Type**: Using the addendum list on page 3, enter the provider type(s) the provider is to be enrolled as:

Is the provider an active DHS Provider in Oregon? ☐Yes ☐ No

If Yes, please indicate the provider's SPD Provider ID number(s):

6. **Is the provider an active Medicaid Provider in another state**? ☐Yes ☐ No
If Yes, please indicate your Medicaid Provider ID number, state and contact information.
Medicaid Provider ID number: State:

7. **Has this person been convicted of a criminal offense related to this person's involvement in any program under Medicare, Medicaid or Child Welfare?** ☐Yes ☐ No

Section 3: Address Information

Complete all applicable information. If there is additional address/contact information, please list on an attachment.

1. **Primary Business Address**:

Street or PO Box (include Room/Suite):			
City:	State:	Zip:	County:
Phone:	Cell:		Fax:

2. **Mailing Address** (if different than primary business address):

Street or PO Box (include Room/Suite):			
City:	State:	Zip:	County:
Phone:	Cell:		Fax:

Section 4: Provider Credential Information

Date of approved **CHC Fitness Determination**:

1. **Level of CHC**: ☐ Career ☐ Restricted; to client prime:
   Type of CHC Approval: ☐ Adult ☐ Seniors ☐ Child

2. Date Provider signed the **ODDS Provider Enrollment Application & Agreement** (PEAA) Form ***(must include copy of signed PEAA with this form)***:

Section 5: Associated or Credentialing CDDP or Brokerage

Check the box and then **ENTER THE NAME** of the CDDP(s) and/or Brokerage(s) that the provider is associated to. List all that apply:

☐ CDDP:

☐ Brokerage:

☐ DHS/CIIS Program:

Addendum: DHS ODDS PSW & Individual In-Home Provider Types

Refer to this list to enter the provider type information for the provider as requested in Sections 1 and/or 2 on this form.

Provider Type Number	Provider Type Description
84-800	DD State Plan Personal Care (SPPC) PSW Provider
84-801	CIIS PSW Provider
84-803	DD PSW Provider (Domestic Employee)
74-712	Independent Contractor (IC) Provider (not PSW)
74-734	Independent Contractor (IC) PSW Provider
74-749	IC DD Employment Development/Discovery Specialist
75-751	Domestic Employee (DE) Provider (not PSW)
83-710	Behavior Consultant
83-711	Socio-Sexual Behavior Consultant
93-942	Brokerage Certified Service Agency In-Home Provider