

## CCSD Provider Screen

**CCSD - Provider**

File Browse Comment Option Exit 02/28/2006 3:06:53 PM

Special Services	Group, Size, Meals	Additional Information																												
<b>Provider Information</b>	Schedule	Provider Rate																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Provider No: <input type="text"/></td> <td style="width: 25%;">EIN/SSN: <input type="text"/></td> <td style="width: 25%;">Provider Since: <input type="text"/></td> <td style="width: 25%;"># Mth Payments: <input type="text"/></td> </tr> <tr> <td>Provider Status: <input type="text"/></td> <td>Owner CD: <input type="text"/></td> <td colspan="2">Category: <input type="text"/></td> </tr> <tr> <td>License No: <input type="text"/></td> <td>License Date: <input type="text"/></td> <td>Telephone: <input type="text"/></td> <td>Cel: <input type="text"/></td> </tr> <tr> <td colspan="2">Provider Name: <input type="text"/></td> <td>Email: <input type="text"/></td> <td>Fax: <input type="text"/></td> </tr> <tr> <td colspan="2">Address: <input type="text"/></td> <td colspan="2">Intake Closed Date: <input type="text"/></td> </tr> <tr> <td>City: <input type="text"/></td> <td>State: <input type="text"/></td> <td colspan="2">Charitable Choice Type: <input type="text"/></td> </tr> <tr> <td>Zip Code: <input type="text"/></td> <td>County: <input type="text"/></td> <td colspan="2"></td> </tr> </table>			Provider No: <input type="text"/>	EIN/SSN: <input type="text"/>	Provider Since: <input type="text"/>	# Mth Payments: <input type="text"/>	Provider Status: <input type="text"/>	Owner CD: <input type="text"/>	Category: <input type="text"/>		License No: <input type="text"/>	License Date: <input type="text"/>	Telephone: <input type="text"/>	Cel: <input type="text"/>	Provider Name: <input type="text"/>		Email: <input type="text"/>	Fax: <input type="text"/>	Address: <input type="text"/>		Intake Closed Date: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>	Charitable Choice Type: <input type="text"/>		Zip Code: <input type="text"/>	County: <input type="text"/>		
Provider No: <input type="text"/>	EIN/SSN: <input type="text"/>	Provider Since: <input type="text"/>	# Mth Payments: <input type="text"/>																											
Provider Status: <input type="text"/>	Owner CD: <input type="text"/>	Category: <input type="text"/>																												
License No: <input type="text"/>	License Date: <input type="text"/>	Telephone: <input type="text"/>	Cel: <input type="text"/>																											
Provider Name: <input type="text"/>		Email: <input type="text"/>	Fax: <input type="text"/>																											
Address: <input type="text"/>		Intake Closed Date: <input type="text"/>																												
City: <input type="text"/>	State: <input type="text"/>	Charitable Choice Type: <input type="text"/>																												
Zip Code: <input type="text"/>	County: <input type="text"/>																													
<div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> <b>Mailing Address</b>            Addr 1: <input type="text"/> Addr 2: <input type="text"/>            City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> County: <input type="text"/> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Contract Signer: <input type="text"/></td> <td style="width: 20%;">Title: <input type="text"/></td> <td style="width: 40%;"><input type="checkbox"/> Full Year Facility</td> </tr> <tr> <td>Contact Person: <input type="text"/></td> <td>Title: <input type="text"/></td> <td><input type="checkbox"/> eVision Participant</td> </tr> <tr> <td>Contact Tele: <input type="text"/></td> <td>Provider Worker: <input type="text"/></td> <td>Financial Worker: <input type="text"/></td> </tr> <tr> <td>Agreement (Start) <input type="text"/> (End) <input type="text"/></td> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> TRS Provider      <input type="checkbox"/> TEEM Provider           </td> </tr> <tr> <td>Insurance (Start) <input type="text"/> (End) <input type="text"/></td> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> TEEM Provider      TEEM Provider Start Date: <input type="text"/> </td> </tr> <tr> <td>Transportation Insurance (Start) <input type="text"/> (End) <input type="text"/></td> <td colspan="2" style="text-align: center;">           TEEM Provider End Date: <input type="text"/> </td> </tr> </table>			Contract Signer: <input type="text"/>	Title: <input type="text"/>	<input type="checkbox"/> Full Year Facility	Contact Person: <input type="text"/>	Title: <input type="text"/>	<input type="checkbox"/> eVision Participant	Contact Tele: <input type="text"/>	Provider Worker: <input type="text"/>	Financial Worker: <input type="text"/>	Agreement (Start) <input type="text"/> (End) <input type="text"/>	<input type="checkbox"/> TRS Provider <input type="checkbox"/> TEEM Provider		Insurance (Start) <input type="text"/> (End) <input type="text"/>	<input type="checkbox"/> TEEM Provider      TEEM Provider Start Date: <input type="text"/>		Transportation Insurance (Start) <input type="text"/> (End) <input type="text"/>	TEEM Provider End Date: <input type="text"/>											
Contract Signer: <input type="text"/>	Title: <input type="text"/>	<input type="checkbox"/> Full Year Facility																												
Contact Person: <input type="text"/>	Title: <input type="text"/>	<input type="checkbox"/> eVision Participant																												
Contact Tele: <input type="text"/>	Provider Worker: <input type="text"/>	Financial Worker: <input type="text"/>																												
Agreement (Start) <input type="text"/> (End) <input type="text"/>	<input type="checkbox"/> TRS Provider <input type="checkbox"/> TEEM Provider																													
Insurance (Start) <input type="text"/> (End) <input type="text"/>	<input type="checkbox"/> TEEM Provider      TEEM Provider Start Date: <input type="text"/>																													
Transportation Insurance (Start) <input type="text"/> (End) <input type="text"/>	TEEM Provider End Date: <input type="text"/>																													