ALLELUIA

Financial Management System
Vendor Information Form

Participant Name: _____ UCI# _____

If Participant is over 18 years of age/Conserved: ☐ Yes ☐ No

Conservator/Parent Name: _____

Address: _____

Email: _____Phone number: _____

Participant Regional Center: _____Service Coordinator: _____

Business Name: _____ Phone: _____

Vendor Email: _____ Name of Contact: _____

Vendor Address: _____

Employer Identification Number: _____

Is Business currently Vendored with a Regional Center? _____

If yes, Which Regional Center? _____

Services to be provided in the Sellf-Determination Program:

Service Code: _____ Service Category: _____

License or Certification: _____

Number of hours/week or Month: _____ Setting Type: _____

HCBS Compliant: ☐ Yes ☐ No ☐ N/A

Contracted Rate: _____ Service Start Date: _____

_____

(Signature of Participant, Conservator or Legal Guardian of Participant)

_____ _____

Signed by (print name) *Date*

_____

(Signature of Vendor or Vendor Representative)

Signed by (print name) *Date*