

**Southwest Developmental Services, Inc.  
Provider Data Sheet**

**(complete electronically; submit electronically; manual submissions will be rejected)**

**Agency Name:**

Completion Date:

**Address Information**

**Primary Location** *(Where your business is physically located)*

Street:

City:

State:

Zip:

**Mailing Address** *(Where you want to receive correspondence)*

Street:

City:

State:

Zip:

**Billing Address** *(Where you want billings to be sent)*

Street:

City:

State:

Zip:

Business Phone:

Business Fax:

Business E-Mail:

After hours emergency name:

*(Indicate the name of a staff member and the number where they can be reached after hours should an emergency situation occur and someone at your organization must be notified.)*

After hours emergency number:

Profit Status: *(check one)*

NOT FOR PROFIT

FOR PROFIT

Federal Tax Number:

Type of Business:

NPI Number:

KMAP Number:

Submit the individual with your organization who is authorized to enter into contractual agreements:

Contract Signer:

Contract Signer Title:

Phone:

E-Mail:

**KEY STAFF MEMBERS** *(Please list names of staff members in the following positions or indicate N/A if this does not apply to your organizational structure)*

Agency Director:

Agency Director's Title:

Phone:

E-Mail:

DD Services/Program Director:

DD Services/Program Director's Title:

Phone:

E-Mail:

Financial Director:

Phone:

E-Mail:

Contact Person for ANE Reports:

Phone:

E-Mail:

**Complete this section if you provide Targeted Case Management**

Supervisor Name:

Supervisor Title:

Phone:

E-Mail:

**Complete this section for persons to be included in SDSI emails:**

Name:

Title

Phone:

Email:

Name:

Title

Phone:

Email:

Name:

Title

Phone:

Email:

Name:

Title

Phone:

Email:

**GENERAL INFORMATION**

1. Has SDSI ever denied or terminated a contract with your agency?      Yes      No

If yes, please provide type  
and date along with details:

2. Has the agency ever been denied a provider agreement by Medicaid?      Yes      No

If yes, please provide  
type and date along  
with details:

3. Has the agency ever been banned from providing Medicaid services?      Yes      No

If yes, please provide  
type and date along  
with details:

4. How many full time equivalent (FTE) direct care staff are employed to provide services  
to people funded under the CDDO/CSP contract?

Southwest Developmental Services, Inc.

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Garden City, KS, 67846

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www.sdsicddo.com

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[mhinde@sdsicddo.com](mailto:mhinde@sdsicddo.com)**