



**Dane County Department of Human Services
Division of Adult Community Services**

Director – Shawn Tessman
Division Administrator – Todd Campbell

JOE PARISI
DANE COUNTY EXECUTIVE

**DANE COUNTY CHILDREN’S LONG TERM SUPPORT (CLTS)
PROVIDER INFORMATION**

Legal Name of Business (as shown on tax return): _____

DBA (complete only if different from legal business name): _____

Billing Provider NPI (National Provider Identifier for entities defined as a health care provider): _____

Billing Provider Address (can be a PO box): _____

Billing Provider Phone Number: _____

Servicing Address (if different from billing address, cannot be a PO box):

Contact Name: _____

Contact Phone (including area code): _____

Contact Email: _____

Other Contact Name: _____

Other Contact Phone (including area code): _____

Other Contact Email: _____

Please send completed form and direct any questions to:
cltswaiver@countyofdane.com