

**VOUCHER PROVIDER CONTACT
INFORMATION**

Please complete the following information:

Federal Tax ID# _____

Program Name (*as it appears on your EEC License*) & **Mailing, Billing & Payment Address:**

Program Telephone# _____ **Fax#** _____

Name of Person Responsible for **Voucher Enrollment:** _____

Telephone _____ E-Mail _____

Name of Person Responsible for **Billing:** _____

Telephone _____ E-Mail _____

Program Location, Name & Address:

Name of Program Director: _____

Telephone _____ E-Mail _____

Name & Address of Parent Agency: _____

Name & Address of Executive Director: _____

Telephone of Executive Director: _____

E-mail of Executive Director: _____

Is your organization (*circle one*) For Profit Not For Profit

Does your parent company have a **Basic Contract with EEC?** Yes No
If YES, in which **Region(s)**? () 1 () 2 () 3 () 4 () 5 () 6

Does your program provide transportation? (circle one) Yes No
If yes, you must return a copy of your programs transportation policy.

Does your program offer any discounted rates and if so please ***describe***: sibling discount/employee discount.
Please note that these discounts are also applied to voucher rates. _____

Signature: _____ **Title:** _____ **Date:** _____

Please note that it is your responsibility to report any changes to Resource & Referral Agency