

**New Jersey Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
Cost Based Provider Agency Administrative Information Form**

Please type or print all information clearly, preferably in block style.

ADMINISTRATIVE INFORMATION

MENTAL HEALTH COST-BASED (MH COST-BASED) CONTRACT NUMBER: _____

CONTRACT TERM: _____

AGENCY NAME: _____

ADMINISTRATIVE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ WEB PAGE: _____

MAIN AGENCY TELEPHONE NUMBER: (_____) _____ - _____

FAX NUMBER: (_____) _____ - _____ FEDERAL TAX ID #: _____

EXECUTIVE DIRECTOR / CEO/PROGRAM DIRECTOR:

NAME: _____

TITLE: _____

TELEPHONE NUMBER: (_____) _____ - _____ ext _____

EMAIL ADDRESS: _____

AGENCY DIRECTOR / LEAD CONTACT FOR COAST-BASED CONTRACTED PROGRAMS:

NAME: _____

TITLE: _____

TELEPHONE NUMBER: (_____) _____ - _____ ext _____

EMAIL ADDRESS: _____

LEAD FISCAL CONTACT FOR COST-BASED CONTRACTED PROGRAMS:

NAME: _____

TITLE: _____

TELEPHONE NUMBER: (_____) _____ - _____ ext _____

EMAIL ADDRESS: _____

COST-BASED CONTRACT SUPERVISOR / OTHER FISCAL CONTACT:

NAME: _____

TITLE: _____

TELEPHONE NUMBER: (_____) _____ - _____ ext _____

EMAIL ADDRESS: _____