

**Minnesota Department of Human Services  
2008-2009 Child & Teen Checkups (C&TC) Administrative Services Contract**

**Contractor Information**

Please complete information below that will be used to complete a contract.

**Contractor Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Check One:** \_\_\_\_\_ County Government Entity \_\_\_\_\_ Non-profit Organization

**Social Security or Federal Employer I.D. No.:** \_\_\_\_\_

**Minnesota Tax I.D. No. (If Applicable):** \_\_\_\_\_

**C&TC Contract Authorized Representative:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Data Privacy & Security Responsible Authority (name of person):** \_\_\_\_\_

**Counties participating in the CHB (If applicable):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number which will be used when submitting claims for 2008-2009 C&TC Administrative Services expenses:** \_\_\_\_\_

**Claims will be submitted:** \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Fiscal Agent (Entity) for the Contract (if applicable):** \_\_\_\_\_

**All proposed changes to the Contractor's Duties and/or other sections of the Child & Teen Checkups Administrative Services Contract MUST be described on a separate page(s) and submitted with the Contractor Information page for DHS approval.**