



Dear Provider:

In an effort to enhance services to our families and update our provider files, **the following information is required**. This information helps us promote your services as a "Valued Provider". ***Please complete and return this form along with any current agency brochures/materials.* Thank you!

General Provider Information:

Agency Name: _____

Address: _____

Website: _____

Telephone: _____

Fax: _____

Executive Director/CEO: _____

ED/CEO Email: _____

Medicaid Provider ID Number (if applicable): _____

CIMID Number (if applicable): _____

How does your agency name appear in Cyber? _____

Information to share on the Middlesex ResourceNet and/or with the general public: (if different from above)

General Agency Email: _____

Address: _____

MOU/ Middlesex ResourceNet/ Referrals:

Agency Contact (MOU/CMO Partnership, if different from above): _____

Title: _____

Email: _____

Agency Middlesex ResourceNet Administrator Contact: _____

Agency Middlesex Resource Net Contact Email: _____

All providers are to create and maintain their ResourceNet provider profile at



www.middlesexresourcenet.org *Look for the "Join Our Network" tab

Preferred mode of contact for referrals (email, telephone, etc.): _____

Referral Contact Name: _____

Referral Email (generic encouraged i.e. referrals@youragency.com): _____

Referral Telephone: _____

Referral Fax: _____

Agency Brochures, Flyers, and Staff Listing: Please provide us with one copy of your agency brochure(s), flyers and/or factsheets. Submit a hard copy and electronic copy of your staff listing. Be sure to utilize the Universal Staff Listing provided to you. Return this with your Agreement/MOU.