

Appendix 28 ■ MSSP Vendor Licensing Form

California Department of Aging

MSSP Annual Vendor Licensing Report

Multipurpose Senior Services Program

Site Number Site Name					Fiscal Year	Date Sent to CDA		
Site ## - Site Name					2018-19			
SIGNATURE								
By completing the Signature section, I understand that this is an electronic signature and I certify that all provided information is believed to be accurate, reliable, and complete to the best of my knowledge and ability to confirm it.								
Full Name					Title	Date		
Total Number Of Vendors						0		
Provider Name	Provider Number	Home Health Agency LIC#	Professional License Expiration Date	Business License Expiration Date	Insurance			Service Code(s)
					Coverage Amount	Insurance Type	Insurance Expiration Date	