

VA Form 10-1170
Supplemental Information Sheet

Please provide the following information for facility contact as well as corporate contact and attach it to the completed and signed VA Form 10-1170:

Company Name:	_____
Contact Person:	_____
Title:	_____
Address:	_____

City/State/Zip:	_____ (9-digit zip)
Overnight Mailing Address (if different from above):	_____
	_____ (9-digit zip)
Phone/Fax No.:	_____ / fax _____
E-Mail:	_____
Administrator:	_____
(If different than contact person)	
Facility Address:	_____

City/State/Zip:	_____ (9-digit zip)
Facility Phone/Fax No.:	_____ / fax _____
Are you a Small or Socioeconomically Disadvantaged (Veteran-owned/Woman-Owned, Minority-Owned) Business? _____ Yes _____ No	
	If yes, which type? _____
County:	_____
Tax ID No.:	_____
DUNS No.:	_____ / _____
	Corporate No. Facility No. if Different

Please also attach a current copy of your state license, a current certificate of liability insurance, and the facility's most current Medicaid rate letter.

Be advised that this Application, Supplemental Information, and the requested documents may may be scanned and e-mailed to me at: melvin.cole@va.gov.

If you have any questions or need assistance, please contact Melvin Cole at (615) 225-5630.