

COUNTY CODE: 09

PELICAN ID: \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Legal Entity Contact: \_\_\_\_\_

**APPENDIX E: MULTIPLE LOCATIONS  
(REGULATED PROVIDERS ONLY)**

List all provider locations included in this Agreement. Please select only one provider type per location.

PELICAN ID (CCIS use only)	PROVIDER LOCATION & ADDRESS	LOCATION PHONE NUMBER	PROVIDER TYPE (one per location)
_____	Name of Location: _____ Location Physical Address: _____ _____ Contact Person: _____	( ) -	<input type="checkbox"/> Center <input type="checkbox"/> Family <input type="checkbox"/> Group
_____	Name of Location: _____ Location Physical Address: _____ _____ Contact Person: _____	( ) -	<input type="checkbox"/> Center <input type="checkbox"/> Family <input type="checkbox"/> Group
_____	Name of Location: _____ Location Physical Address: _____ _____ Contact Person: _____	( ) -	<input type="checkbox"/> Center <input type="checkbox"/> Family <input type="checkbox"/> Group

COUNTY CODE: 09

PELICAN ID: \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

**APPENDIX E (Continued)**

<b>PELICAN ID (CCIS use only)</b>	<b>PROVIDER LOCATION &amp; ADDRESS</b>	<b>LOCATION PHONE NUMBER</b>	<b>PROVIDER TYPE (one per location)</b>
_____	Name of Location: _____  Location Physical Address: _____ _____  Contact Person: _____	( ) -	<input type="checkbox"/> Center  <input type="checkbox"/> Family  <input type="checkbox"/> Group
_____	Name of Location: _____  Location Physical Address: _____ _____  Contact Person: _____	( ) -	<input type="checkbox"/> Center  <input type="checkbox"/> Family  <input type="checkbox"/> Group
_____	Name of Location: _____  Location Physical Address: _____ _____  Contact Person: _____	( ) -	<input type="checkbox"/> Center  <input type="checkbox"/> Family  <input type="checkbox"/> Group

Additional pages may be added as needed.