

## VPK Provider Name Change

**Complete this form and follow the instructions for faxing to the  
Provider Services Department immediately**

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Effective date as shown on new DCF License:** \_\_\_\_\_

**Previous name:** \_\_\_\_\_

**New name:** \_\_\_\_\_

**Printed name and signature of Program Owner:** \_\_\_\_\_  
\_\_\_\_\_

**For VPK transition to your new name, submit the following documents to:**

**Alecia Coitrone, Provider Contracts Coordinator – fax (386) 323-2426  
Telephone – (386) 323-2400 ext. 186**

**Jenni Riccio, Provider Contracts Coordinator – fax (386) 323-2426  
Telephone – (386) 323-2400 ext. 139**

Initial    Form submitted

\_\_\_\_\_ New AWI VPK 10 form

\_\_\_\_\_ New AWI VPK 11 form (per class)

\_\_\_\_\_ New AWI VPK 20 Provider Agreement

\_\_\_\_\_ New DCF License

\_\_\_\_\_ New Accreditation/Gold Seal certificate (if applicable)

\_\_\_\_\_ New Certificate of Insurance

\_\_\_\_\_ New Payment Selection form (voided check must show the new Provider name)

\_\_\_\_\_ New W-9 form