PROVIDER TYPE PROFILE				
PROVIDER TYPE	37 HOMEMAKER			
REIMBURSE- MENT TYPE	02	FEE FOR SERVICE EFFECTIVE 10-01-88		
CATEGORIES OF SERVICE			LICENSE/CERTIFICATION	
MANDATORY	23	HOMEMAKER		
MANDATORY				
MANDATORY				
OPTIONAL	26	RESPITE CARE		
OPTIONAL	27	IHS OUTPATIENT SERVICE		
OPTIONAL	28	ATTENDANT CARE		
OPTIONAL	39	PERSONAL CARE SERVICE		
OPTIONAL	46	ENVIRONMENTAL	SERVICES MUST BE PROVIDED BY A LICENSED CONTRACTOR OR AGENCY	
OPTIONAL	47	MENTAL HEALTH SERVICES	(EFFECTIVE 04/01/2008)	
OPTIONAL				
LETTERS OF R OWNER/PROVI CARDS, FIRST	EFERE DER IS AID CE W YOU	NCE FROM NON-FAMILY PERSO RESPONSIBLE FOR MAINTAINII RTIFICATES AND LETTERS OF F ARE INDICTING THAT THIS INFO	R AND FIRST AID AND PROVIDE THREE DNS. FOR COMPANIES THE NG AND PROVIDING UPON REQUEST CPR REFERENCE FOR EACH EMPLOYEE. BY ORMATION WILL BE KEPT ON FILE AND	
COMPANY NAME			ID NUMBER	
SIGNATURE			DATE	