

In-Home Services Other Office Locations

Enter the name, street address, mailing address, phone number, fax number, email address, and on-site manager or supervisor name. Check the service categories provided from this location. If there are more than two locations, please attach additional sheets as needed. If this is an approved Medicare Branch Office, check the box.

Office Name		<input type="checkbox"/> Approved Medicare Branch Office	
Physical Address			
Mailing Address (if different from physical)			
City	Zip Code	County	
Phone (enter 10 digit #)	Fax (enter 10 digit #)		
Email Address			
On-Site Manager or Supervisor			
In-Home services categories provided from this location			
<input type="checkbox"/> Home Health	<input type="checkbox"/> Home Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Hospice Care Center
Office Name		<input type="checkbox"/> Approved Medicare Branch Office	
Physical Address			
Mailing Address (if different from physical)			
City	Zip Code	County	
Phone (enter 10 digit #)	Fax (enter 10 digit #)		
Email Address			
On-Site Manager or Supervisor			
In-Home services categories provided from this location			
<input type="checkbox"/> Home Health	<input type="checkbox"/> Home Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Hospice Care Center

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.