

FCBDD Service Provider Official Change of Data Request Form

*** Please print information clearly, paying particular attention to what is **“new”**. ***

Provider Name (on file): _____

Current Name (if different from above): _____
→ Supporting documentation is required when submitting a name change notification.

Previous Address: _____

Phone Number(s): _____ **Fax #:** _____

Email: _____

New Address: _____

New Phone #(s): _____ **Fax #:** _____

New Email: _____

* **Effective date for requested change:** _____

Signature: _____ **Today's Date:** _____
(Requestor's Signature Required – *handwritten*, not electronic, please)

Requestor's printed name (Agency only): _____

Please submit this completed form by mail to:

FCBDD, Provider Relations
2879 Johnstown Road
Columbus, OH 43219,
Fax to: 614-342-5004, **or** email to: provider.relations@fcbdd.org.

→ **Note:** Providers are responsible for personally updating their information (profile) on the Ohio Department of DD (DODD) website, at www.DODD.OHIO.GOV.

<https://doddportal.dodd.ohio.gov/PRV/MP/Pages/default.aspx>