

California Community Transitions (CCT)  
**Lead Organization Information Form**

Department of Health Care Services  
Long-Term Care Division  
PO Box 997419, MS 0018  
Sacramento, CA  
95899  
Phone: (916) 552-9105  
Fax: (916) 440-5741  
<http://www.dhcs.ca.gov>

**Date of Form Completion:**

**New**                      **Revised**

**National Provider Identification (NPI) Number:**

**Legal Identification**

Legal Name of Organization:

Legal DBA (if applicable):

Federal Tax Identification Number:

Type of Organization (e.g., governmental, private nonprofit, for-profit corporation, etc.):

Authorized Signatory's Name:

Authorized Signatory's Title:

**Mailing Address**

Street

P.O. Box:

City:

Zip Code:

**Physical Address** (if different from mailing address)

Street:

City:

Zip Code:

**Additional Information:**

Main Line:

Toll Free #:

Fax:

Website URL:

**Counties/L.A. Regions Served by CCT LO:**

**Executive Director / Chief Executive Officer:**

Name:

Title:

Work Phone:

E-mail:

**Designated CCT LO Contact:**

Name:

Title:

Work Phone:

E-mail:

**CCT LO TAR Invoicing Contact:**

Name:

Title:

Work Phone:

E-mail:

**Back-up CCT LO Contact:**

Name:

Title:

Work Phone:

E-mail: