



**Provider information form for the DDDS website**

Please complete this form with any updates or changes to your information to be displayed on the DDDS web site. Submit this form to: **DDDS\_ProviderAuthCommittee@delaware.gov** with the subject line: **Provider Name\_Website update, Ex: ABC Provider\_Website update.**

**New**

**Update**

**Provider name:**

**Service:**

**Web address:**

**Phone number:**

**Counties served:**

**New Castle**

**Kent**

**Sussex**

**Submitted by:**

**Date:**

**Date Received by DDDS:**

**DDDS Staff Name:**