

Provider Change Form User Guide

Purpose

This guide is intended to serve as instructions to help you complete the [Provider Change Form](#) to **update or change contact information** and/or **add a suffix** to an existing Statewide Vendor (SWV) number.

Update or Change Contact Information	Add a Suffix
This can include the following: changing the authorized contact person, "Doing Business As" (DBA) name, phone number, mailing address, email address, or adding an additional business location under the same EIN.	A suffix is needed when a licensed child care business owner wants to use their facility SWV number to receive an individual education or training reimbursement payment.

Instructions

Step 1:

Download the [Provider Change Form](#).

Step 2:

Follow the instructions to update/change contact information or add a suffix:

Update/Change Contact Information

- Part A: Complete all fields
- Part B:
 - Complete only the fields you need to update or change
 - Select the third box stating "Check this box to change an existing location"

Add a Suffix


- Part A: Complete all fields
- Part B:
 - Complete all fields except for the DBA field
 - Select the third box stating "Check this box to change an existing location"

Step 3:

Email your completed form to dcyf.statewidedendorregistration@dcyf.wa.gov.

Questions?

- For general SWV questions, email dcyf.statewidedendorregistration@dcyf.wa.gov
- To update information in the WA Compass Portal, email dcyf.providerportal@dcyf.wa.gov or call 1-866-627-8929
- To update information in MERIT, email MERIT@dcyf.wa.gov



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PLEASE DO NOT STAPLE
Provider Change Form

Important: For changes to existing registrations, you will be contacted via your registered Email or Telephone Number or Physical Mailing Address to verify this change. Changes will not take effect until we have been able to successfully verify the change with the contact person on file.

PART A: Enter Identification Details – ALL FIELDS REQUIRED

Statewide Vendor Number:

S	W	V															
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Legal Name: _____

DOING BUSINESS AS (DBA): _____

SSPS # (if known): _____

Merit Provider # (if known): _____ Merit Stars # (if known): _____

Taxpayer Identification Number: (SSN or EIN)

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PART B: Changes to be made

Check this box to **add** an additional record, complete entire form.

Check this box to **change** an existing record. Only enter fields you wish to change.

Contact Name: _____

DBA (Doing Business As): _____

Telephone Number: _____

Email: _____

Mailing Address: _____
(Number, street, and apt, or suite number)

City, State, and ZIP code: _____

Authorized Representative (Please Print) Title

SIGNATURE of Authorized Representative Date: This form is valid for 90 days