Attachment A

DHHS90828 Data Sheet

<table>
<tr><td colspan="2">Legal business name (include doing business as (dba) if applicable:</td></tr>
<tr><td>Legal business address
Street:

City:

State:

Zip:</td><td>Remittance address (if different then legal business address)
Street:

City:

State:

Zip:</td></tr>
<tr><td>Business email:</td><td>Business phone number:</td></tr>
<tr><td>Business website of available products:</td><td>Do you provide vehicle adaptations or modifications?
Yes or no
Do you provide home, community, or environmental adaptations?
Yes or no</td></tr>
<tr><td colspan="2">Contract contact person and title:</td></tr>
<tr><td>Contract contact person’s email:</td><td>Contract contact person’s telephone number:</td></tr>
<tr><td colspan="2">By submitting this form, I certify that I am an authorized representative, and the information I have given is true and complete to the best of my knowledge.</td></tr>
<tr><td colspan="2">Name and title of Person completing the form:</td></tr>
<tr><td colspan="2">Date:</td></tr>
</table>