

RE: **Providers Category:** ☐ New ☐ Renewal ☐ Change
☐ A ☐ B C Provider: ☐ C1 ☐ C2
☐ Nonregistered ☐ In-home provider

Dear _____ :

Please send the following information by _____, as indicated. If you need an extension, you must call before the due date. If this information is not returned before the due date, your application will be denied or canceled. If denied or canceled, you will not be able to receive payments from our office.

Sincerely,

DHS CCA Registration
1305 E Walnut St
Des Moines, IA 50319-0114
1-866-448-4605

DHS CCA Payments and Registration
1305 E Walnut Street
Des Moines, IA 50319-0114
Phone: (515) 725-3991 or (866) 448-4605
Fax: (515) 564-4012