

HOW TO REQUEST HSRS PROVIDER NUMBERS

Provider number requests can be sent via:

E-mail: dhssoshelp@wisconsin.gov

FAX: (608) 267-2437

Please include agency name along with a contact name when submitting data.

If you have a question on completing a request, please call the SOS Desk at (608) 266-9198.

HOW TO REQUEST A NEW HSRs PROVIDER NUMBER

Below is the proper format to use when requesting provider numbers.

Provider Number		
Facility Name	Willow Oak CBRF	
Operator(s)/Parent Org*		
Address	1210 Willow Oak Ln	
City and State	Fond du Lac, WI	
Zip Code	54935	
County	020	
Provider Type	37	
License	04	
Lic Agy Name*	Lutheran Social Services	
Requesting Agency RU Code	4013	Board Op Facility**
Current Monthly Rate**		Prev Monthly Rate**
Current Daily Rate **		Prev Daily Rate**
Active Prov Ind**		Effective Date**
Date Keyed**		

* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

** - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

HOW TO REQUEST A CHANGE IN A HSRs PROVIDER NUMBER

Whenever requesting a change in data for a provider **always include the name and provider number.**

Provider Number	364013002	
Facility Name	Lewis Adult Family Home	
Operator(s)/Parent Org*		
Address	7119 Kumba Ct	
City and State	Madison, WI	
Zip Code	53719	
County		
Provider Type		
License		
Lic Agy Name*		
Requesting Agency RU Code	4013	Board Op Facility**
Current Monthly Rate**		Prev Monthly Rate**
Current Daily Rate**		Prev Daily Rate**
Active Prov Ind**		Effective Date**
Date Keyed**		

HSRS PROVIDER TYPES

- 22 Foster home - children
- 23 Group home - corporate - for profit
- 24 Group home - corporate - nonprofit
- 25 Group home - unincorporated
- 26 Detention facility
- 27 Shelter care facility
- 28 Residential care center - private - for profit
- 29 Residential care center - private - nonprofit
- 30 Residential care center - public
- 31 School for the blind or deaf
- 32 Center for developmentally disabled
- 33 State mental health institute
- 34 Non-state operated psychiatric or specialty hospital
- 35 General hospital
- 36 Adult family home
- 37 CBRF - (5-8 residents)
- 38 CBRF - (9-16 residents)
- 39 CBRF - (17 + residents)
- 40 ICF-MR facility
- 43 Adult day care
- 44 Substitute care parent agencies
- 70 Supportive home care (individual)
- 71 Supportive home care (direct)
- 72 Supportive home care (contract)
- 76 In-home child care (relative)
- 77 In-home child care (nonrelative)
- 78 Family day care (relative)
- 79 Family day care (nonrelative)
- 80 Group center - child day care
- 82 Sheltered employment facility
- 83 Day services (nonmedical) facility
- 84 Day services (medical) facility
- 85 Outpatient facility/service office
- 86 Nursing home
- 87 Transitional living program
- 88 Approved ancillary services – as listed in Allowable Costs Manual
- 89 Other (including respite care and direct grants)

HSRS LICENSE TYPES

- 00 Not licensed
- 01 Licensed by State of WI
- 02 Licensed_or certified by a county in WI
- 03 Licensed by State of WI and county certified
- 04 Licensed by a private organization or another state
- 05 Tribal

COUNTY OF RESIDENCE CODES

001 Adams	029 Juneau	057 Sawyer
002 Ashland	030 Kenosha	058 Shawano
003 Barron	031 Kewaunee	059 Sheboygan
004 Bayfield	032 La Crosse	060 Taylor
005 Brown	033 Lafayette	061 Trempealeau
006 Buffalo	034 Langlade	062 Vernon
007 Burnett	035 Lincoln	063 Vilas
008 Calumet	036 Manitowoc	064 Walworth
009 Chippewa	037 Marathon	065 Washburn
010 Clark	038 Marinette	066 Washington
011 Columbia	039 Marquette	067 Waukesha
012 Crawford	040 Milwaukee	068 Waupaca
013 Dane	041 Monroe	069 Waushara
014 Dodge	042 Oconto	070 Winnebago
015 Door	043 Oneida	071 Wood
016 Douglas	044 Outagamie	072 Menominee
017 Dunn	045 Ozaukee	073 Out of state
018 Eau Claire	046 Pepin	084 Menominee Indian Reservation
019 Florence	047 Pierce	085 Red Cliff Indian Reservation
020 Fond du Lac	048 Polk	086 Stockbridge Munsee Indian Res
021 Forest	049 Portage	087 Potawatomi Indian Reservation
022 Grant	050 Price	088 Lac du Flambeau Indian Reserv
023 Green	051 Racine	089 Bad River Indian Reservation
024 Green Lake	052 Richland	091 Mole Lake Indian Reservation
025 Iowa	053 Rock	092 Oneida Indian Reservation
026 Iron	054 Rusk	094 La Courte Oreilles Indian Reserv
027 Jackson	055 St Croix	095 St Croix Indian Reservation
028 Jefferson	056 Sauk	

HSRS PROVIDER NUMBER REQUEST FORMAT

Date _____ Requester Name _____ Agency _____

_____	Provider Number
_____	Facility Name
_____	Operator(s)/Parent Organization
_____	Address
_____	City, State
_____	Zip Code
_____	County Code Facility Is Located In
_____	Provider Type
_____	License Type
_____	Licensing Agency Name
_____	Requesting Agency Reporting Unit
_____	Board Operated Facility
_____	Active Provider Indicator (Y or N)