|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Name** | ACME Agency | | | |
| **Mailing Address** | 123 Bozo, Anchorage, AK 99666 | | **Geographical Area Served** | Anchorage South Central |
| **Phone** | 907-555-1212 | | **Fax** | 907-212-5551 |
| **Email** | [Agency@acme.com](mailto:Agency@acme.com) | | | |
| **Waivers Served** | ALI APDD CCMC IDD | | | |
| **Services Offered** | Chore Respite Transportation Personal Care Attendant Residential Supported Living | | | |
| **Care Coordinators** | | Person 1, Person 2 | | |

**Search based on**

1. Provider Name (text box search)
2. City (physical) (drop down)
3. Geographical Area served (drop down) Secondary area? (drop down)
4. Waivers spelled out (drop down)
5. Services (drop down)

**Providers who return results should have:**

1. Active status
2. Current end dates
3. All Active services
4. Show agents and/or renderers
5. Show waivers served
6. Show all services provided
7. Show mailing address
8. Show phone
9. Show fax
10. Show email

**Do not show:**

* Provider numbers
* Rates
* Provider Status is active end date is June 30 2013 should not show
* Service status is active end date is May 31-2013 should not show
* Can we get an internal report to tell us who this type of agency is so they can be corrected?