

## Shared NDS Database Agency Contact Form

Please complete the following information for *each* Child Care Resource and Referral Agency that shares your NDS database. Please add additional sheet(s) as needed.

If you have any questions or concerns, please email [ndshelpdesk@naccrra.org](mailto:ndshelpdesk@naccrra.org) or call the Help Desk toll free at 1-866 789-7590, Option #1. Fax completed form to (571) 255-4919.

### Host Agency

NDS ID #   
Membership ID #   
\*EIN # -

Host Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

### Hosted Agencies

Membership ID #   
\*EIN # -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Membership ID #   
\*EIN # -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Host Agency ID \_\_\_\_\_

## Hosted Agencies

Membership ID #

\*EIN # -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

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Membership ID #

\*EIN # -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

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Membership ID #

\*EIN # -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_