



Home Accessibility Adaptations and Home Modifications Adaptations

Provider Information

Please fill out the information below and attach this document to your Health First Colorado Provider Application. Failure to attach this document to your enrollment or revalidation application may result in application denial.

Company Name:

*If your company name is different from the name on your contractor’s license, please provide an explanation:

As a Health First Colorado Provider, please list the cities/counties your agency will be serving:

If the cities/counties you will be serving require a contractor’s license, please upload those licenses to your application. If the cities/counties you will be serving do not require a contractor’s license, please list those cities/counties below:

Please type your full name below to attest to the information provided above:

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