Report Source and Location Dictionary – New/Updated Entry Request Form

Report Source Dictionary

☐ New Entry ☐ *This entry is for use with the Provider Portal*

☐ Updating an Entry

If updating, current Provider name: _____

Please fill out the form below exactly as the **new** information should be entered into CalREDIE.

*** Provider**

*** Provider Type**

Provider Identifier **National Provider Identifier** ☐

Link This Provider To: ☐ **New Location (Complete Page 2)** ☐ **Existing Location**

*This Location section should **only** be completed if linking to an **existing** Loc. Dictionary entry. If Loc. entry does not yet exist, instead fill out the form on Page 2.*

Location	Location Type	Address	City	Zip	Main Phone	Primary
						☐

Private Phone/Ext. **Bldg./Suite**

Fax Number **E-mail**

Notes

If you are linking this Provider to an existing Location and that Loc. entry requires updates, select "Existing Location" and then go to Page 2. On Page 2, select "Updating an Entry" and fill out the form as indicated.

*** Is Private** *** Auto-Import from Staging Area** *** Locked Record**

Inactive *** Disable Default Matching Rules**

**For State Use Only. Fields disabled.*

Incident ID #: (For LHD reference only)

Location Dictionary

☐ New Entry

☐ Updating an Entry

Do not submit unrelated Report Source and Location requests on the same form!
Any Location entered on Page 2 will be linked with the Provider on Page 1. If you would like to request a separate, unlinked Location Dictionary entry, submit an additional form with Page 1 left blank.

If updating, current Loc. name: _____

Please fill out the form below exactly as the new information should be entered into CalREDIE. Properly-entered addresses will automatically geocode with a Census Tract, County, and Jurisdiction once entered into CalREDIE, however you may wish to include the County and Jurisdiction in case the geolocation cannot be confirmed. Suite numbers specific to the Provider should be entered in the *Bldg./Suite* field on Page 1.

* Location				* Location Type	
* Classification		Phone Number		Fax Number	
Address Number and Street				Bldg./Unit	
City		State		Zip	Site #
Census Tract		County		Jurisdiction	
Primary Contact		E-mail		OID	
Inactive ☐		Locked Record ☐		Investigation(s): ☐ Lead	☐ Pesticide

Incident ID #: (For LHD reference only)

Form last updated: September 20th, 2016