

VENDOR FORM

Vendor Information:

Vendor Name: _____

Type of Business: _____ FEIN Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Categories:	List Counties you will serve:
Appliances	
Furniture	
Groceries	
Household Items	
Security Deposit	
Utility Deposit	
Other non-covered supplies	

Thank you for partnering with us!

Healthy Connections Medicaid

Home Again Program

1801 Main Street

Columbia, SC 29201

Phone: (803) 898-2590

Fax: (803) 255-8209

Email: homeagain@scdhhs.gov