**ATTACHMENT N – ORGANIZATION – FACILITIES LIST**

*The Organization shall provide DHS/SSA/OLM with a list of all facilities operated by the Organization, as well as any other Organization facilities from which its employees, agents, or designated persons will be accessing CANS/UIR. For each facility, the Organization must provide: (1) the facility’s legal name; (2) the facility’s public or common name; (3) the facility address; and (4) the facility phone number. This information may be provided below or in an alternative format with the consent of DHS/SSA/OLM.*

This information was last updated by Organization on [DATE].

Organization Name:

Principal Business Address in Maryland:

**List of Facilities**

Facility Name:

D/B/A:

Address:

Phone Number:

Facility Name:

D/B/A:

Address:

Phone Number: