ADDENDUM TO THE MEDICAID AGENCY DATA USE AGREEMENT (DUA)

Addendum to DUA for		If this is an addendum to a previously approved DUA,	
insert the CMS assigned DUA number here:		The followi	ing individual(s) may/will have access to
the CMS data that is being requested for Title II agreement to the terms of this Data User Agreement		Jimstead activi	ities. Their signatures attest to their
Note: Some existing DUAs do not contain the frequirements of the custodian must be added below.			
Name and Title of Individual (typed or printed)			
Task / Role of this individual in this project		Company / Organization	
Street Address		I	
City	State		ZIP Code
Office Telephone (Include Area Code)	1	E-Mail Address (If applicable)	
Signature of Individual		Date	
Signature of CMS Representative		Date	
Signature of CMS Representative		Date	
Name and Title of Individual (typed or printed)			
Task / Role of this individual in this project		Company / Organization	
Street Address			
City	State		ZIP Code
Office Telephone (Include Area Code)	1	E-Mail Address (If applicable)	
Signature of Individual		Date	
Signature of CMS Representative		Date	
Signature of CMS Representative		Date	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.