

Interstate TRS Fund Call Relay Center Information

ID & Provider Name		This form, along with the Intent to Participate page, must be submitted twice per year, by April 1st and October 1st, and at least 30 days prior to call center location changes.																			
CSDVRS																					
Provider ID	Center ID	Address Line 1	Address Line 2	City	State	Zip Code	Country	Manager Name	Manager Title	Phone Number	Manager Email	Type of call received (Enter "X" if true)					# CA Managers on staff	# CAs on staff	Date Center Opened	Date Center Relocated	Date Center Closed
												TTY	CTS	STS	IP	VRS					

[Redacted]