

LETTER OF INTENT



Applicant Information

Name (First, Middle, Last)

Email Address

Phone Number

Agency Name

Fax Number

Address (Street, City, State, Zip Code)

Agency Information

CEO Name (First, Middle, Last)

Qualifications:

Describe the community/statewide need for the services or programs you intend to provide. Include statistics, potential contracts, and statements of need which validate the need.

Describe in detail your first year financial plan.

Provide (attach) your correspondence with the local school district advising them of probable special needs of children in your care. Describe the probable special needs below.

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Program Description

Cite organizations from which your agency will seek accreditation.

What on-campus educational programs will you offer?

What are the characteristics of children you intend to serve?

What will be your primary source of referrals? Have you verified this source will place children in your care?

Describe the frequency and method by which the applicant will provide or offer psychiatric, psychological, or counseling services:

Will your agency employ behavioral health practitioners, or contract for behavioral health services?

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Program Description

Provide a general description of the number and qualifications of your professional staff.

Please provide any additional information you believe to be pertinent?

Applicant Signature

Date

Please return this form to:

E Mail	U.S. Mail	Physical Office
CWL@azdcs.gov	OLR – CWL P.O. Box 6030, SC C010-20 Phoenix, AZ 85005-6030	Phoenix Corporate Center 3003 N. Central, Suite 108 Phoenix, AZ 85012

If no acknowledgement of receipt is received within seven (7) calendar days, please contact us at 602-255-2801.