

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification

INTENT TO CONTRACT FORM

Providers/applicants submitting applications for Community Service Agency Title XIX Certification will submit applications through one T/RBHA, but may contract with multiple T/RBHAs to provide CSA services. As such, the following serves as verification that the provider/applicant either contracts with, or intends to contract with, other T/RBHAs.

_____ has a entered into a contract with _____
T/RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

OR

It is the intent of _____ to enter into a contract with _____
T/RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

Signature of T/RBHA Representative

Printed Name of T/RBHA Representative

Telephone Number

Date