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 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

Effective Date: 04/01/08, Revision Date: 01/24/08