

**FAR NORTHERN REGIONAL CENTER**  
**Licensed Residential Service Provider Inquiry Form**

If you are interested in becoming a vendor to provide licensed residential services, please complete this form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Facility:

- Small Family Home for Children
- Group Home
- Adult Residential Facility
- Residential Care for the Elderly

Proposed Service Level: \_\_\_\_\_

Are you currently vendored or in the process of vendoring with any other regional center? \_\_\_\_\_

If yes, what regional center and what service:

\_\_\_\_\_

Preferred Service Location (which county): \_\_\_\_\_

Proposed Facility Address (if known):

List your experience of providing care and supervision to individuals with developmental disabilities:

List any other relevant experience:

Return form to:

Kathy Lusher and Katie Inks (Tehama, Butte, Lassen, Plumas  
Glenn counties)  
Far Northern Regional Center  
1377 E. Lassen Avenue  
Chico, CA 95973

Or:

Brandi Auble and Kao Saechao (Shasta, Siskiyou,  
Trinity and Modoc Counties) Far Northern Regional Center  
P.O. Box 492418  
Redding, CA 96049

Or:

**Click the button to send by email:**