

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: Kao Saechao or Fuey Saechin
 (Tehama, Shasta, Lassen, Siskiyou, Trinity, Modoc Counties)
 Far Northern Regional Center
 P.O. Box 492418
 Redding, CA 96049

OR:
 Katie Inks
 (Butte, Glenn and Plumas Counties)
 Far Northern Regional Center
 1377 E. Lassen Avenue
 Chico, CA 95973