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