



R E C E I V E D

SEP 09 2013

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

31 South 400 West
Orem, UT 84058

September 4, 2013

Janis Sigman, Manager
Certificate of Need Program
Washington State Department of Health
PO Box 47852
Olympia, Washington 98504-7852

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Envision Home Health of Washington, LLC intends to seek Certificate of Need approval to establish a Medicare-certified home health agency to serve residents of King County, Washington.

On receipt of a Certificate of Need, Envision Home Health of Washington, LLC will, on referral by their physicians, provide in-home nursing and rehabilitation services to homebound residents of King County.

Our current estimate of capital costs is \$76,000, of which the applicant will pay an estimated \$67,000.

Will you please provide us with all criteria and standards by which you will evaluate our application?

Thank you very much,

A handwritten signature in black ink that reads "Sherie Stewart". The signature is fluid and cursive.

Sherie Stewart
Manager

Sherie.Stewart@envhh.com