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OCT 19 2015
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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

October 16, 2015

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

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Christian Health Care Center, hereby submits this letter of intent to file an application for a certificate of need for a Medicare Certified/Medicaid eligible home health agency in Whatcom County. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Christian Health Care Center proposes to establish a certified home health agency in Whatcom County.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure is \$25,000.

3. Description of the Service Area:

The geographic primary service area will be Whatcom County.

Thank you for your support in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wm. Patrick O'Neill".

Wm. Patrick O'Neill, CEO

"the tradition of caring continues"