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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH



1345 W 1600 N
Suite 202
Orem, UT 84057

July 29, 2016

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 expand its existing Medicare-certified home health agency in King County to also serve residents of Pierce 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 Pierce County.

Our current estimate of capital costs is \$12,000.

Please provide us with all criteria and standards by which you will evaluate our application.

Thank you for your assistance in this application process.

A handwritten signature in black ink that reads "Sherie Stewart". The signature is fluid and cursive, with the first name being more prominent.

Sherie Stewart
Chief Operating Officer