



September 28, 2009

Janis Sigman, Manager
Certificate of Need Program
Facilities and Services Licensing
Department of Health
PO Box 47852
Olympia, Washington 98504-7852

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Family Home Care, a Medicare-certified provider of home health and hospice services, intends to seek Certificate of Need approval for expansion of its hospice service area. Currently providing Medicare-certified hospice services to Whitman County, Family Home Care proposes to begin serving residents of Spokane County.

We plan to serve patients living within our expanded service area who have terminal illnesses and require end-of-life care. We will also serve the family members of these patients with supportive services including bereavement care. Our current estimate of capital costs is approximately \$20,000.

Thank you for your assistance.

Yours truly,

A handwritten signature in black ink, appearing to read "Donna Goodwin", is written over a horizontal line.

Donna Goodwin
Vice President of Operations
Family Home Care Corporation

R E C E I V E D

SEP 30 2009

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

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