



Seasons Healthcare Management, Inc.  
6400 Shafer Ct., Suite 700  
Rosemont, IL 60018  
847-692-1000

November 28, 2018

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

R E C E I V E D

NOV 30 2018

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

Seasons Hospice & Palliative Care of Snohomish County, LLC (“Seasons”) hereby submits this letter of intent to apply for a certificate of need to establish a hospice agency. In accordance with WAC 246-310-080, please find the following information:

1. Description of Services Proposed. Seasons proposes to establish a Joint Commission accredited, Medicare and Medicaid certified hospice agency.
2. Estimated Cost of the Proposed Project. The estimated cost of the proposed hospice agency is \$115,000.
3. Identification of the Service Area. The service area of the hospice agency will be Snohomish County, Washington.

Thank you for your support. We look forward to one day serving hospice patients in Washington. Please feel free to contact me with any questions or concerns.

Sincerely,

Todd Stern  
Chief Executive Officer