



Alta California
Regional Center

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LETTER OF INTEREST SUBMISSION CHECKLIST (RESIDENTIAL)

Please be sure to gather all documents prior to submitting a letter of interest through the Provider Directory. This will ensure timely processing.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Administrator Certification |
| <input type="checkbox"/> | Current Resume for Licensee, Administrator and all Board Members (if applicable) |
| <input type="checkbox"/> | Administrator Paystubs for dates noted on resume (please see experience/certification requirements noted on Service Code Breakdown) |
| <input type="checkbox"/> | Program Design - ACRC Approved template |
| <input type="checkbox"/> | Organizational Chart & Organizational Documentation (i.e. Articles of Incorporation, Partnership Agreement, etc.) |
| <input type="checkbox"/> | Community Care Facility License. |
| <input type="checkbox"/> | DS1891 |
| <input type="checkbox"/> | Conflict of Interest |

Please upload all documents, noted above, to your [Letter of Interest](#) .

If you have any further questions, please reach out to vendorizations@altaregional.org