VMRC

Residential Letter of Intent

Date: _____

Facility Information:

Facility Name (All proposed facility names are subject to VMRC approval):_____

Facility Address (if known): _____

City, State, Zip (if known): _____ County (required): _____

Facility Phone (if known): (____) _____

Is facility licensed? ❒ Yes ❒ No License status: _____

Facility square footage: _____ Lot size: _____ ❒ 1-Story ❒ 2-Story

Bedrooms: _____ # Private Rooms: _____ Licensed Capacity: _____

Resident Information:

Age range:_____ ❒ Males Only ❒ Females Only ❒ Males & Females

Ambulatory consumers: _____ # Non-Ambulatory consumers:_____ # Functionally Non-Ambulatory consumers: _____

Cognitive Level: ❒ Low ❒ Moderate ❒ High

Will you take respite (short-term) placements? ❒ Yes ❒ No

What level of medical conditions will you serve? ❒ Mild ❒ Moderate ❒ Significant ❒ Severe

Describe medical conditions you will accept: _____

_____

What level of behaviors will you serve? ❒ Mild ❒ Moderate ❒ Significant ❒ Severe

Describe behaviors you will accept: _____

_____

What level of self-care deficits will you serve? ❒ Mild ❒ Moderate ❒ Significant ❒ Severe

Describe self-care deficits you will accept: _____

_____

Facility Service Level: ❒ Level 2 ❒ Level 3 ❒ Level 4

(If Level 4, you must circle one) A B C D E F G H I

Level 4 Consultants _____ _____ _____ _____

List Consultants to be used (Title 17 Section 54342)

Licensee/Administrator Information:

Mr. ❒ Mrs. ❒ Ms. ❒

Name(s) of Owner(s)/Licensee(s): Last Name_____ First Name _____

Licensee Mailing Address: _____

City, State, Zip: _____ Home phone: (_____) _____

Cell phone: (_____)_____ FAX #: (_____) _____

Social Security #:_____ E-Mail Address:_____

Name of Administrator: _____

Will the Licensee live in the facility? ❒ Yes (Owner-Operated) ❒ No (Staff-Operated)

Administrator has current certification for appropriate age group: ❒ Yes ❒ No

If no, expected date of completion: _____

Please discuss the skills and experience you have in serving persons with developmental disabilities—expand on information provided in resume(s): (attach additional pages if needed) _____

_____

_____

_____

_____

_____

_____

Please discuss why you want to deliver the proposed service? _____

_____

_____

_____

_____

_____

_____

References:

- Please provide the names and complete addresses of 3 persons who can provide VMRC with information related to your work history as it relates to the administration and management of residential services to persons with developmental disabilities.
- Do not list relatives or current employees of VMRC.
- If there are multiple individuals jointly opening one care home, three references are required for each applicant; you may attach additional sheets if needed. Please make sure it is clear which applicant each reference is for.
- VMRC reserves the right to contact other resources for information including the Ombudsman Office, Licensing, etc.
- Incomplete applications will not be considered.

1. Name: _____

Company/Agency Name: _____

Address: _____

City/State/Zip: _____ Day Time Phone #: _____

Length of time known: _____ Cell/ Other Phone # _____

2. Name: _____

Company/Agency Name: _____

Address: _____

City/State/Zip: _____ Day Time Phone #: _____

Length of time known: _____ Cell/ Other Phone # _____

3. Name: _____

Company/Agency Name: _____

Address: _____

City/State/Zip: _____ Day Time Phone #: _____

Length of time known: _____ Cell/ Other Phone # _____

May we contact the above references? ❒ Yes ❒ No

Vendor History:

In order to consider vendorization, all existing Licensees and Administrators need to be free of Substantial Inadequacies for six months, and free of Sanctions for twelve months.

Has the Licensee or Administrator ever been vendored or been employed as Administrator of a facility vendored by VMRC or any other regional center? ❒ Yes ❒ No ❒ N/A

If yes, for what type of service? _____

With which regional center(s): _____When:_____ Facility Number? _____

Facility Name: _____

Have any of the vendored services you have identified experienced the following?

Has the vendored service ever been issued any Substantial Inadequacies? ❒ Yes ❒ No ❒ N/A

If yes, what was the issue and date?_____

Has the vendored service ever been on Sanctions? ❒ Yes ❒ No ❒ N/A

If yes, what was the issue and date?_____

Is the vendored service in the process of receiving a Substantial Inadequacy or Sanction? ❒ Yes ❒ No ❒ N/A

Has the vendored service ever received a Corrective Action Plan? ❒ Yes ❒ No ❒ N/A

If yes, what was the issue and date?_____

Has the Licensee or Administrator ever been de-vendored by VMRC or any other regional center? ❒ Yes ❒ No ❒ N/A

Has the Licensee or Administrator ever been denied a license by CCL, DHS or other licensing agency? ❒ Yes ❒ No ❒ N/A

Has the Licensee or Administrator ever been convicted of any crime; e.g., DUI, shoplifting, etc. ❒ Yes ❒ No

Please submit the following. You will be notified if you are approved to attend Residential Services Orientation in order to proceed with the vendorization process.

1. Residential Letter of Intent Form
2. Resume(s) of Qualifications for Owner, Licensee and Administrator (please provide *detailed* information on your experience with persons with developmental disabilities). VMRC reserves the right to verify work experience provided.

Send to:
Valley Mountain Regional Center
Attn: Robert D. Fernandez, Jr.
P.O. Box 692290
Stockton, CA 95269-2290
(209)955-3620
E-mail: rfernandez@vmrc.net

By signing, I commit to VMRC to develop the residential facility described above. I acknowledge that failure to complete the project development within eighteen (18) months following VMRC project approval may result in termination of the vendorization process.

As per Title 17, I acknowledge that I am not guaranteed referrals or placements. Any alterations in the type of facility to be developed must be requested in writing and approved by VMRC Resource Development staff. I certify that all information on the Letter of Intent Form and Resume(s) is true and accurate.

_____ _____

Licensee Signature Date

_____ _____

Administrator Signature Date

Incomplete Applications Will Not Be Considered