



ATTACHMENT A

**LETTER OF INTEREST FOR LICENSED HOME CARE SERVICES AGENCY
PARTICIPATION IN THE NY STATE OF HEALTH
PRIVATE PAY HOME CARE SERVICES PILOT**

The following form should be completed and returned to the Authorized Contact person no later than the time set forth in the Invitation.

I, _____, an authorized representative of _____, Applicant, have read the Invitation and Requirements for Application for Participation in the NY State of Health Private Pay Home Care Services Pilot (Pilot) and I am submitting this Letter of Interest to participate in the Pilot for calendar year 2021 on behalf of Applicant.

Name:
Title:
Company:
Address:
Telephone:
E-mail Address:
Date:
Signature:

Check this box if you would like notification of schedule changes, updates and other modifications of the Invitation to Participate in the NY State of Health sent to the above e-mail address.