



**Letter of Interest  
Polk and White Haven Center Closure**

Provider Name:

MPI Number:

Please include the following information in a separate document before submitting this letter of interest:

- Please describe your agency’s current services (ex: number of homes, number of individuals supported, geographic area of operation)
- Please describe your agency’s administrative capacity to expand your residential services (ex. current vacancies versus plans to open new sites and/or expand into new geographic areas).
- Please describe your agency’s care specialties (ex. complex medical needs, MH/ID or dual diagnosis, Autism, PICA, deaf/hard of hearing, visually impaired, etc.).
- Please provide the name and contact information for the person or persons at your agency who should be contacted regarding your involvement in transition activities related to the closures of Polk and White Haven Centers.
- Please indicate what, if any, audio/visual equipment or technology you would like to request to support your presentation (ex. projector/screen for PowerPoint or video presentation etc.)

Participation in any or all meetings is allowed, but providers will be given an opportunity to present information to the overall family group at only one meeting at each center. Due to limited space we ask that each provider bring no more than **four** staff. Provider agencies are encouraged to bring handouts or promotional materials of any kind, but are discouraged from bringing promotional items such as pens or bags with logos, etc.

Please check the box(es) below which indicate your desired participation:

**Polk Center Family Informational Meetings**

Date of Meeting:	My agency would like to attend:	My agency would like to present information to families:
Tuesday, December 10 <sup>th</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, January 21 <sup>st</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, February 18 <sup>th</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>

### White Haven Center Family Informational Meetings

Date of Meeting:	My agency would like to attend:	My agency would like to present information to families:
Thursday, December 5 <sup>th</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, January 16 <sup>th</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, February 13 <sup>th</sup> , 10:00 AM – 1:00 PM	<input type="checkbox"/>	<input type="checkbox"/>

Submit to:

Jarred Ebert

[ra-pwrastatecenters@pa.gov](mailto:ra-pwrastatecenters@pa.gov)

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