

Letter of Intent

To: Local Government Unit
OMH Field Office

From: Agency name
Agency address

For projects proposed by an agency that currently does not provide mental health services authorized or licensed by OMH.

If licensed by any other NYS agency to provide mental hygiene services, please identify type of service and any licensure information. For example, operate a day treatment program licensed by NYS Office of Mental Retardation.

Proposed Action: Identify type of project

Narrative: Please provide a brief description of proposed project, identifying the county/borough involved and include anticipated effective date.

Circle type of application to be submitted: EZ PAR Comprehensive PAR

CEO/Executive Director:

Contact Person: name & title

Telephone #:

Email address: