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Letters of support from each Participating Community Partner should be attached.

[illegible]

***Legal Note: This enrollment form confirms your desire to participate in the Coordinated System of Care.**

Community Application

Please provide the name and contact information for the primary person who will act on behalf of the proposing community in interactions with the State regarding this application.

PRIMARY CONTACT INFORMATION

Primary Contact: _____

It is essential to provide accurate contact information for the applicant's primary contact person. Changes in contact information (name, address, phone and fax numbers) must be updated and provided to the DHH-OBH immediately. The Departments will bear no responsibility for undeliverable correspondence or an inability to make contact based on inaccurate contact information provided by applicants.

Business Address:

Mailing Address:

Phone Number: _____

Email Address: _____

Fax Number: _____

Web Address (if applicable): _____

Coordinated System of Care Community Application

APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK USING ARIAL 11 FONT.

Application Checklist:

- ☐ Completed List of Participating Community Partners
- ☐ Attached Letters of Support for EACH Community Partner
- ☐ Completed Primary Contact Information
- ☐ Completed Application Checklist
- ☐ Signed **Community Acceptance** Form
- ☐ Signed **WAA Lead Acceptance** Form
- ☐ Signed **FSO Lead Acceptance** Form
- ☐ Ten (10) duplicate copies of entire application packet

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Proposed WAA Agency Acceptance of WAA Requirements and Conditions

We, the undersigned, in our respective roles as chief executive and board chair of the agency proposed in this application to serve as the WAA in our local CSoC, certify to the following:

We each have read and understand the requirements related to the role of the WAA in Sections 3 and 4 of the CSoC RFA. We attest, individually and as an agency, that our agency is prepared to comply with all of the requirements included in Sections 3 and 4 of the CSoC RFA. We agree to fully implement the wraparound model with all the requirements and conditions listed within the application.

Agency Name: _____

Agency Address: _____

Chief Executive Name / Title: _____

Chief Executive Signature / Date: _____

Board of Directors Chairman Name / Title: _____

Board of Directors Chairman Signature / Date: _____

Coordinated System of Care

Community Application

Proposed FSO Lead Acceptance of FSO Requirements and Conditions

We, the undersigned, in our respective roles as either (check one):

- ☐ (1) (a) chief executive and (b) board chair of the agency proposed in this application to serve as the FSO in our local CSoC OR
- ☐ (2) (a) individual leading the work group responsible locally for developing an FSO and (b) individual leading the work group responsible locally for developing the FSO's Local Coordinating Council (LCC) for our local CSoC

certify to the following:

We each have read and understand the requirements related to the role of the FSO and LCC in Sections 3 and 5 of the CSoC RFA. We attest, individually and, if applicable, as an agency, that our agency (if applicable) and community are prepared to comply with all of the requirements included in Sections 3 and 5 of the CSoC RFA. We agree to fully implement the FSO and LCC model with all the requirements and conditions listed within the application.

Agency Name (if applicable): _____

Agency Address: _____

Chief Executive OR FSO Lead Name / Title: _____

Chief Executive / FSO Lead Signature / Date: _____

Board of Directors Chairman / LCC Lead Name / Title: _____

Board of Directors Chairman / LCC Lead Signature / Date: _____

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Please submit all forms to:

United States Postal Service Delivery

LA Department of Health & Hospitals Office of Behavioral Health
Attn: Coordinated System of Care, Unjel Smith
P. O. Box 3868, Bin #9
Baton Rouge, LA 70821

DHL, FedEx, UPS or Hand Delivery

LA Department of Health & Hospitals Office of Behavioral Health
Attn: Coordinated System of Care, Unjel Smith
628 N. 4th Street, 4th Floor
Baton Rouge, LA 70802

If you require a phone number for delivery, you may use (225) 342-2540.

Agencies will be notified by e-mail that their application has been received.