

Notice of Intent to Submit an Application

Community Care for the Elderly Program

Invitation to Negotiate (ITN)

Subcontractor Designation for United HomeCare

I certify that the agency listed below intends to apply for subcontractor designation under the ITN.

Signature of Authorized Representative:

Date signed: _____

Agency Name: _____

Address: _____

Telephone Number: _____

Agency Email: _____

Contact Person: _____

Contact's Email: _____

Submit to ITNCCE@unitedhomecare.com by no later than October 11, 2023 at 5:00 PM ET.

For United HomeCare

Date Received: _____

Time Received: _____

Received by: _____

