



AHCCCS MEDICAL POLICY MANUAL
Policy 961, Exhibit-7, Community Service Agency, Intent to Contract Form

Providers/applicants submitting applications for Community Service Agency Approval will submit applications through one RBHA, but may contract with multiple RBHAs to provide CSA services. As such, the following serves as verification that the provider/applicant either contracts with, or intends to contract with, other RBHAs.

_____ *has entered into a contract with* _____
RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

OR

It is the intent of _____ *to enter into a contract with* _____
RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

Signature of RBHA Representative

Printed Name of RBHA Representative

Telephone Number

Date