

LETTER OF INTENT

***Behavioral Health Services
Substance Use Detoxification Services
Clinically Managed or Medically Monitored***

All parties who are considering applying for one or all the above services must complete and return this Letter of Intent to:

Attn: Lisa Simmons, Director of Network Services
Region I Behavioral Health Authority
4110 Ave D
Scottsbluff, NE 69361

Letter of Intents can also be received electronically by emailing them to lsimmons@region1bhs.net.
The Letter of Intent must be received by the Region I offices no later than 5:00 P.M., February 22, 2024.

Submitting a Letter of Intent does not bind the party to submit a proposal.

*Name of Applicant (Lead Applicant) _____

Street Address _____

City _____ State _____ Zip _____

Name of Director _____ Phone Number _____

Contact Person _____ Phone Number _____

Fax Number _____ E-Mail _____ Federal ID # _____

Legal Status (check one): Non Profit For Profit Quasi-Governmental
 Other (specify) _____

*If applicant will submit an application in collaboration with other entities, please specify the entity(ies) names:

Please indicate the service you intend on submitting a proposal for:

___ Clinically Managed Residential Withdrawal Management

___ Medically Monitored Inpatient Withdrawal Management

___ Both Services