

Date

Provider Name
Address

Re: Applicant name
CON File # (if one has been assigned)

Dear _____:

This survey is being conducted on behalf of (Applicant) to determine current utilization for in-home personal care services, as required by the West Virginia Health Care Authority as part of the Certificate of Need application process. Please provide the following information.

1. A listing of the counties in which you provide in-home personal care services.
2. The number of unduplicated patients serviced in each county during the most recent twelve-month period. Patients cannot be counted more than once.

Please respond to the survey no later than _____.

This survey is being sent to you to determine your utilization. Failure to provide this utilization may result in another provider being approved to provide services in your service area.

The contact information for the West Virginia Health Care Authority, Certificate of Need Division is 100 Dee Drive, Charleston, West Virginia 25311; telephone: (304) 558-7000.

Please return this survey to:

Contact person, mailing address, telephone number.

Sincerely,