

Notice of Intent to Apply

Please complete and return by October 31, 2017 to:

E-mail: Background_Checks@cms.hhs.gov

1. Name of State: _____
2. Applicant agency: _____
3. Contact name and title: _____
4. Address: _____
5. Contact number: _____
6. E-mail address: _____
7. Expected amount of request: \$ _____