

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

REQUEST FOR APPLICATIONS (RFA) NO. DMH022718B1

PSYCHIATRIC URGENT CARE APPLICATION

A. GENERAL INFORMATION	
1. Legal Business Name of Agency:	
2. DBA, if applicable:	
3. Address of Agency Headquarters:	
4. Address of Psychiatric Urgent Care Center where services will be provided:	
4a. Supervisorial District:	
4b. Service Area:	
5. Name of Director, President or Chief Executive Officer:	
6. Contact Person for Application:	
5a. Title:	
5b. Address:	
5c. Telephone Number:	
5d. E-mail Address:	

B. MINIMUM MANDATORY REQUIREMENTS		
	Yes	No
1. Does Applicant have at least three (3) years of experience, within the last five (5) years, from the date of application providing UCC, Crisis Stabilization Services, or services equivalent/similar to those identified in Appendix B – Statement of Work (SOW), including but not limited to psychiatric emergency services?		
1a. If yes, does Applicant have documentation to substantiate years of experience?		
2. Does Applicant have a current contract with DMH?		
2a. If yes, please provide Contract Number: _____		
2b.. Is Applicant up to date with all licensing requirements and certifications? <i>DMH shall verify that Applicant is in good standing.</i>		

All responses are subject to verification by DMH and your agency may be required to provide further documentation to substantiate your responses.

I hereby acknowledge that the foregoing response to this RFA for PSYCHIATRIC URGENT CARE CENTERS is truthful and accurate.

Submitted by: _____

Print Name of Agency

Signature of Authorized Agency Representative

Print Name of Authorized Agency Representative

Date