

Submit on Local Organization Letterhead

DATE:

TO: California Department of Aging
Aging and Disability Resource Connection
1300 National Drive, Suite 200
Sacramento, CA 95834

Letter of Intent

State Designation as an Aging and Disability Resource Connection

This letter notifies the California Department of Aging of the intent to apply for State Designation as a local Aging and Disability Resource Connection (ADRC) partnership.

ADRC Partnership	Local Details
Primary Contact Person Name: Email: Phone:	
Local ADRC Partnership Name	
Area Agency(ies) Core Partner(s) Organization Name(s)	
Independent Living Center(s) Core Partner(s) Organization Name(s)	
Other(s) as applicable Core Partner(s) Organization Name(s)	
County(ies) Served	
Expected Date for ADRC Designation Review	

Brief (4-5 sentences) statement of history of collaboration including start dates for implementing an ADRC/No Wrong Door model that promotes person-centered practices in delivering local Long-Term Services and Supports (LTSS) systems.

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Brief (4-5 sentences) statement of goals for implementing an ADRC/No Wrong Door model that promotes person-centered practices in delivering local LTSS systems.

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This Letter of Intent signifies active work in progress to meet the State's ADRC Designation Criteria (2012) and the guiding principles of a Long-Term Services and Supports (LTSS) No Wrong Door system and our intent to complete State Designation as an ADRC.

Signed,

Core Partner Signature <i>(Name and Title)</i>	
Core Partner Signature <i>(Name and Title)</i>	
Core Partner Signature <i>(Name and Title) as applicable</i>	