

VI. Status Changes		
Is a change of ownership anticipated within the next year?	Yes	No
If yes, list date of change in operations:		
Is this facility operated by a management company or leased in whole or part by another organization?	Yes	No
Has there been a past bankruptcy or do you anticipate filing for bankruptcy within the next year?	Yes	No
If yes, when? _____		
Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with Plan/Network. By signature, I certify that the information provided within, is true and correct and I fully understand the consequences as explained above.		
NAME, SIGNATURE AND TITLE OF INDIVIDUAL COMPLETING THIS FORM	DATE	

SUBMISSION INFORMATION

Please submit completed forms by mail, email, or by fax to the below:

North Sound Behavioral Health Organization
 ATTN: Contracts Manager
 301 Valley Mall Way, Suite 110
 Mount Vernon, WA 98273
 Fax: 360-416-7017
 Email: deliverables@northsoundbho.org