





<b>VI. Status Changes</b>	
Is a change of ownership anticipated within the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been a past bankruptcy or do you anticipate filing for bankruptcy within the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
<b>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.</b>	
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 Mental Health Administration (NSMHA)

ATTN: Contracts Manager

117 N. 1<sup>st</sup> Street, Suite 8

Mount Vernon, WA 98273

Fax: 360-416-7017

Email: [margaret\\_rojas@nsmha.org](mailto:margaret_rojas@nsmha.org)