

Alva Lambert, Executive Director
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, AL 36130-3025

RE: Act No 98-339

Dear Mr. Lambert:

In accordance with Act No. 98-339, _____ is notifying
you that we are now receiving referrals in _____ as of
_____ Home health agency
_____ referral county
_____ date of first referral. _____ is contiguous to _____ for
_____ referral county CON county
which we currently hold an active Certificate of Need.

_____ has no intention of establishing a branch office in
_____ Home health agency
_____ referral county.

_____ has no intention of incurring a capital expenditure
_____ Home health agency
in excess of five hundred dollars (\$500.00) in _____
_____ referral county.