



COVER LETTER

APPLICATION FOR VENDORSHIP OF COMMUNITY SUPPORT SERVICES (A1205)

Date: _____

Dear Applicant:

Enclosed is an *Application for Vendorship of Community Support Services (DARS Service Item Code A1205)* for the Department for Aging and Rehabilitative Services (DARS). Please read the Provision of Services Agreement carefully prior to preparing your application, to assure that you will meet all eligibility criteria. Send your application package with all requested information to: Virginia Department for Aging and Rehabilitative Services, 8004 Franklin Farms Drive, Henrico, VA 23229, ATTN: Patricia Goodall, Manager, Brain Injury Services Coordination Unit.

DARS will notify you when your application is approved, or if we require additional information or modifications / clarification of your application. Once approved, you or your organization's name and DARS vendor number will be added to an internal list of vendors accessed by all DARS field staff. Note that as an approved vendor, you are responsible for marketing your services directly to the DARS field offices and staff who may be interested in purchasing these services from your organization. You can find a list of our local offices at www.vadars.org.

If you have questions regarding the application process, please contact Patricia Goodall, Brain Injury Services Coordination Unit, at 800/552-5019 or TTY 800-464-9950, or Patti.Goodall@drs.virginia.gov. We look forward to welcoming you as a DARS vendor of Community Support Services (CSS).

Sincerely,

Patricia Goodall, Ed.S., CBIST
Program Manager
Brain Injury Services Coordination Unit

DARS Office Use Only 09/12

Date Application Sent: _____

Date Application Returned: _____

Date Application Reviewed: _____

Results of Review: _____