

**West Michigan Community Mental Health**

**REQUEST FOR INFORMATION**

**Introduction:**

WMCMH is seeking information about existing or forthcoming adult foster care homes that meet the following criteria:

* Licensed or soon-to-be-licensed adult foster care homes.
* Special certification to serve individuals with developmental disability and mental illness, or soon to receive special certification.
* Able to accept male residents.
* Maximum of three residents (preferable, not required).
* Operating in or near Kalamazoo County (preferable, not required).

Following receipt of information, WMCMH may issue a Request for Proposal. If so, more detailed information about specific needs will be shared at that time.

**Submission Specifications:**

Submissions must include:

* Name and contact information of the licensee or designee.
* Name and location of the home.
* Capacity of the home plus current number of residents.
* If not yet licensed and certified, anticipated date of license and certification.

Submission Deadline:

Please submit information no later than March 7, 2025. West Michigan Community Mental Health System will accept information via fax, mail or email (in PDF format). Address submissions to Beth Baker at:

* Fax: (231)845-7095
* Mail: 920 Diana Street, Ludington, Michigan 49431
* Email: ProviderContracts@wmcmhs.org.

**WMCMH does not discriminate based on race, national origin, color, culture, age, sex, gender or gender identity, sexual orientation, physical or emotional disability, religion or spiritual belief, social supports, marital status, inability to pay, socioeconomic status, or Medicaid, Medicare, or CHIP status.**

**NO LATE PROPOSALS WILL BE ACCEPTED**