FAMILY RESOURCE ASSOCIATES, LLC

3300 Main Street • Stratford, CT 06614 • (203) 378-4514

April 8, 2008

Dear Commissioner,

Attached please find my letter of intent information in application for the outpatient psychiatric clinic for children license.

Sincerely,

Raymond T. Laskowski

Raymond T. Laskowski, LCSW
Licensed Clinical Social Worker/Executive Director

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	FAMILY RESOURCE ASSOCIATES, LLC / RAYMOND T. LASKOWSKI	
Doing Business As	FAMILY RESOURCE ASSOCIATES, LLC	
Name of Parent Corporation	N/A	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	3300 MAIN STREET STRATFORD, CT 06614	
Identify Applicant Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	Yes (No)	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	RAYMOND T. LASKOWSKI LCSW / DIRECTOR	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	3300 MAIN ST. STRATFORD, CT 06614	
Contact Person Telephone Number	203-378-4514	
Contact Person Fax Number	203-378-0443	
Contact Person e-mail Address	FRA3300@hotmail.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: FAM.LY RESOURCE ASSOCIATES, LLC

b. Project Proposal: OUTPATIENT PSYCHIATRIC CLINIC FOR CHILDREN

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

- ☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
- ☐ Trauma Center ☐ Transplantation Programs
- ☐ Rehabilitation *(specify type)* _____
- ☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
- ☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

- ☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
- ☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
- ☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
- ☒ Behavioral Health (Psychiatric and/or Substance Abuse Services)
- ☐ Other Outpatient *(specify)* * PSYCH. CLINIC FOR CHILDREN

Imaging:

- ☐ MRI ☐ CT Scanner ☐ PET Scanner
- ☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
- ☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

- ☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
- ☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
- ☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
- ☒ Other Non-Clinical: ADDITIONAL LICENSE

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ Yes ☐ No

If you checked "Yes" above, please check the appropriate box below:

- ☒ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
- ☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Termination of Service
- ☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ No

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

3300 Main Street, Stamford, Ct. 06614

g. List each town this project is intended to serve:

Generally surrounding areas of Bridgeport, Stamford, Milford, Trumbull, FFLD.

h. Estimated starting date for the project: 7/1/08

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 0 (ZERO)

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	N/A
Medical Equipment Purchases*	N/A
Non-Medical Equipment Purchases*	N/A
Land/Building Purchases	N/A
Construction/Renovation	N/A
Other (Non-Construction) Specify:_____	NONE
Total Capital Expenditure	0
Major Medical Equipment – Fair Market Value of Leases Medical	N/A
Equipment – Fair Market Value of Leases	N/A
Non-Medical Equipment – Fair Market Value of Leases*	NONE
Fair Market Value of Space – Capital Leases Only	0
Total Capital Cost	0
Total Project Cost	0
Capitalized Financing Costs (Informational Purpose Only)	0

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☐ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked):

☐ Applicant's Equity	☐ Capital Lease	☐ Conventional Loan
☐ Charitable Contributions	☐ Operating Lease	☐ CHEFA Financing
☐ Funded Depreciation	☐ Grant Funding	

☐ Other *(specify)* Fee for Service \ Health Insurance / Self Pay Sole Source

SECTION IV. PROJECT DESCRIPTION – SEE ATTACHED - RESPONSES

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

3. Identify the current population served and the target population to be served.

4. Identify any unmet need and describe how this project will fulfill that need.

5. Are there any similar existing service providers in the proposed geographic area?

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

7. Who will be responsible for providing the service?

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

FAMILY RESOURCE ASSOCIATES, LLC

3300 Main Street • Stratford, CT 06614 • (203) 378-4514

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) licensed held by the Applicant.

   Currently providing outpatient substance abuse and adult psychiatric treatment services are provided. The current facility licenses are attached

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

   Seeking license for psychiatric clinic for children. Licensure would permit existing clinicians to serve children, adolescents and their families in non-substance abuse related situation.

3. Identify the current population served and the target population to be served.

   Currently serve individuals and families experiencing substance abuse difficulties and adults experiencing a wide range of psychiatric difficulties. The population to be served will be children, and adolescents experiencing a broad range of family and individual adjustment problems.

4. Identify any unmet need and describe how this project will fulfill that need.

   This project will fill some of the unmet needs of families in the surrounding communities who seek counseling services for children and adolescents. We have no waiting lists and can reduce families' frustrations in finding services and in treating their difficulties. In addition, the current military support program is currently seeking providers to serve children and adolescents of military personnel whose problems have been enhanced by military deployment. The latter is a current example of our helping fulfill an unmet need.

5. Are there any similar existing service providers in the proposed geographic area?

   Yes, however the unmet needs in the area remain enormous.

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

FAMILY RESOURCE ASSOCIATES, LLC

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The effect of the proposal would be minimal, yet positive. Its impact would be positive because it would reduce frustration and difficulty in finding mental heath counseling services for children and adolescents and not subject families to long waits for services

7. Who will be responsible for providing the service?

   The existing clinical staff would be providing services. The staff is a multi-disciplinary mental health group includes social workers, psychiatrist, marriage and family therapist, psychologist and two graduate interns.

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

   Current payers of services are most all of the third party health insurers including Medicaid. There will be no change or additional payers- it would enable children to be seen at this agency who are Medicaid (BHP) covered.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0309

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Family Resource Associates, LLC of Stratford, CT, d/b/a
Family Resource Associates, LLC is hereby licensed to maintain and operate
a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Family Resource Associates, LLC is located at 3300 Main Street, Stratford, CT 06614 with:

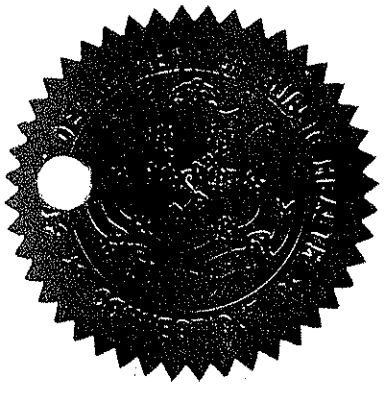
Raymond T. Laskowski as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment

This license expires **June 30, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2006. RENEWAL.



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. C-0209

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Family Resource Associates, LLC of Stratford, CT, d/b/a Family Resource Associates, LLC is hereby licensed to maintain and operate
a Psychiatric Outpatient Clinic for Adults.

Family Resource Associates, LLC is located at 3300 Main Street, Stratford, CT 06497 with:

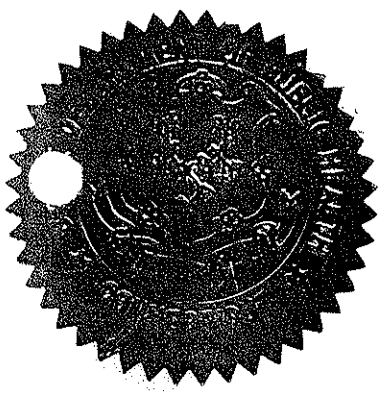
Raymond T. Laskowski as Executive Director
Raymond T. Laskowski as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires **June 30, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2006. RENEWAL



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

AFFIDAVIT

To be completed by each Applicant

Applicant: FAMILY RESOURCE ASSOCIATES, LLC / RAYMOND T. LASKOWSKI

Project Title: APPLICATION FOR OUTPATIENT PSYCHIATRIC CLINIC FOR CHILDREN

I, RAYMOND T. LASKOWSKI (Name), DIRECTOR / OWNER (Position – CEO or CFO)

of FAMILY RESOURCE ASSOCIATES, LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that FAMILY RESOURCE ASSOCIATES, LLC (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Raymond T. Laskowski
Signature

4/8/08
Date

Subscribed and sworn to before me on April 8 2008

Raymond Hall
Notary Public/Commissioner of Superior Court

My commission expires: 5/31/13

RECEIVED
2008 APR 10 A 11:31
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 16, 2008

Raymond Laskowski
Licensed Clinical Social Worker/Executive Director
Family Resource Associates, LLC
3300 Main Street
Stratford, CT 06614

Re: Letter of Intent, Docket Number 08-31136
Family Resource Associates, LLC
Establish an Outpatient Psychiatric Clinic for Children
Notice of Letter of Intent

Dear Mr. Laskowski:

On April 10, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Family Resource Associates, LLC ("Applicant") to establish an outpatient psychiatric clinic for children in Stratford, at a total capital expenditure of $0.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Connecticut Post* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Barbara Durdy
Director of Operations

BD:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 16, 2008

Requisition # HCA08-176
Fax: (203) 384-1158
Acct# 106794

Connecticut Post
410 State Street
Bridgeport, CT 06604-4560

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, April 21, 2008.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Paolo Fiducia at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Barbara Durdy
Director of Operations

Attachment

BD:PF:lmg

c: Sandy Salus, OHCA

Connecticut Post
Docket Number: 08-31136

Letter of Intent
April 16, 2008

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-638
Applicant:	Family Resource Associates, LLC
Town:	Stratford
Docket Number:	08-31136-LOI
Proposal:	Establish an outpatient psychiatric clinic for children
Capital Expenditure:	$0

The Applicant may file its Certificate of Need application between June 9, 2008 and August 8, 2008. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

****
*** TX REPORT ***
****

TRANSMISSION OK

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ST. TIME	04/16 09:54
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PAGES SENT	2
RESULT	OK

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 16, 2008

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Fax: (203) 384-1158
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Sincerely,

Barbara Durdy

NOTICE

Statute Reference: 19a-638
Applicant: Family Resource Associates, LLC
Town: Stratford
Docket Number: 08-31136-LOI
Proposal: Establish an outpatient psychiatric clinic for children.
Capital Expenditure: $0

The Applicant may file its Certificate of Need application between June 9, 2008 and August 8, 2008. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.