**State of Indiana**

**RFP 19-095**

**Long Term Care (LTC) Ombudsman Services**

**Attachment K – Intent to Respond Form**

Return this optional form bye-mail to Teresa Deaton-Reese ([tdeaton@idoa.in.gov](mailto:tdeaton@idoa.in.gov)) no later than **3:00 p.m. Eastern Time on 3/28/19.**

Company Name:

Contact Name:

Contact Title:

Address:

Contact Telephone:

Contact Email:

Fax:

Mark **one** of the following:

We **do** plan to respond to this RFP

We **do not** plan to respond to this RFP

Reason if no: