



Georgia Department of Behavioral Health & Developmental Disabilities

Frank E. Shelp, M.D., M.P.H., Commissioner

Division of Developmental Disabilities

Two Peachtree Street NW, Suite 22.210, Atlanta, Georgia 30303-3142

Telephone: 404-463-8037

As a pre-qualifier requirement a potential new provider must show proof of liquid assets equal to at least three (3) times the monthly expenses listed in budget (three months of operating capital). Proof must be submitted on this PROOF OF LIQUID ASSETS VERIFICATION below and must be certified or notarized from the financial institution where the corporate, not personal, account is established. Corporate or personal lines of credit will not be accepted. Operating capital must be unrestricted.

PROOF OF LIQUID ASSETS VERIFICATION

Name of Bank: _____
Address of Bank: _____

Corporate or Business Name of Provider: _____
Address of Provider: _____

Federal Employer ID No _____
Owner of Agency _____

To be completed by Pre-qualifying Corporation/Business

I hereby authorize the State of Georgia Department of Behavioral Health and Developmental Disabilities to make inquiries regarding my financial circumstances for the purpose of complying with pre-qualifier requirements for submitting a provider services Letter of Intent with the department.

Printed Name of Owner _____ Date: _____

Signature of Owner _____ Title: _____

The Corporation/Business listed above has indicated that they have assets in your institution. Please confirm by completing the following information.

To be completed by Bank/Financial Institution and include attachment of most current supporting bank balance account statement.

Corporate Account Name	Date Opened	Account Number	Account Balance	Average 6-Months	(Based on Current Balance)		
					Holds(\$)	Pledged(\$)	Restricted(\$)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I certify under penalty of law that the information provided in this section and all attachments were prepared under my direction or supervision. The information submitted is true, accurate, and complete.

Signature of Owner _____ Date: _____

Signature of Bank Officer or Cashier _____ Date: _____

Notarized by: _____ Date: _____