

We Choose Health

Applicant Task List

Get Ready to Apply

<input type="checkbox"/>	Download and review all <i>We Choose Health</i> documents from the <i>We Choose Health</i> web site: wechoosehealth.illinois.gov . <ul style="list-style-type: none"><input type="checkbox"/> Information Packet<input type="checkbox"/> Appendix A (Letter of Intent)<input type="checkbox"/> Appendix B (Application Form)<input type="checkbox"/> Appendix C (Policy Briefs)
<input type="checkbox"/>	Attend one of the informational webinars or, if you cannot attend, review one of the recordings. (Information at wechoosehealth.illinois.gov). <ul style="list-style-type: none"><input type="checkbox"/> Thursday May 10, 1-3 p.m.<input type="checkbox"/> Tuesday, May 15, 3-5 p.m.
<input type="checkbox"/>	Complete your Letter of Intent form (Appendix A) using Adobe Reader. Submit the completed form by e-mail no later than 5 p.m. on May 18 to DPH.WeChooseHealth@Illinois.gov . (See Appendix A for complete instructions.) You will receive a confirmation by e-mail within two business days. If you do not receive a confirmation, IDPH has not received your Letter of Intent. <ul style="list-style-type: none"><input type="checkbox"/> Confirmation Received

Complete and Submit Your Application

<input type="checkbox"/>	After May 22, review the posted Letter of Intent information on wechoosehealth.illinois.gov to learn if others are considering applications with whom you might collaborate.
<input type="checkbox"/>	Submit any questions to DPH.WeChooseHealth@Illinois.gov by June 11 . Check wechoosehealth.illinois.gov regularly for answers to applicant questions and other updates.
<input type="checkbox"/>	Gather your letters of support. Note: You must supply a signed letter of support from every local health department covering the jurisdiction served by your proposal. (Local health departments do not need to submit letters for themselves). <ul style="list-style-type: none"><input type="checkbox"/> Letter(s) of support from local health department(s)<input type="checkbox"/> Other letters of support
<input type="checkbox"/>	Complete the application form (Appendix B) electronically according to the instructions in the form, using Adobe Reader. (Note: Adobe Reader will allow you to save the file and complete your application over time.)
<input type="checkbox"/>	Attach your signed letters of support as digital files directly to the application form, or compile them into a separate document.
<input type="checkbox"/>	Sign the certification electronically if possible. If not, scan a copy of the signed paper certification and include attach it to your application.
<input type="checkbox"/>	Submit the completed application, letters of support, and signed certification by e-mail no later than 5 p.m. on June 15 to DPH.WeChooseHealth@Illinois.gov . (See Appendix B for complete instructions.) You will receive a confirmation by e-mail within two business days. If you do not receive a confirmation, IDPH has not received your application. <ul style="list-style-type: none"><input type="checkbox"/> Confirmation Received