

From: [Office of the Vermont Attorney General](#)
To: [AGO - Public Records Requests](#)
Subject: Public Records Request Form Form submitted on Office of the Vermont Attorney General
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Please describe the records you are requesting and provide as much specificity as possible, including applicable date ranges.	the number of "Choices for Care" consumers by county and by agency providing their in home services, specifically those consumers in the High and Highest needs groups
Please take note of the following disclaimer:	<ol style="list-style-type: none">1. This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request.2. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will contact you if additional information is required.3. Submission of this form does not constitute receipt of it by the AGO. Your public records request will be considered received on the next business day following its submission.
Agreement	I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. Clicking the Declaration below is equivalent to my electronic signature.
Declaration (Required)	Declaration (Required)
Date Submitted	February 4, 2021