

**EXHIBIT E
REFERENCE FORM
RFP 15-008
References, Section 6.2**

The Bidder must submit a minimum of three (3) non-Bidder owned business references from Behavioral Health providers with whom the Bidder has contracted or coordinated Apple Health benefits for the Blind/Disabled population. Do not include current HCA staff as references.

Reference #1	
Business Name:	
Contact Name:	
Address:	
Telephone Number:	
Email:	
<u>Briefly</u> describe the type of service provided and the period of performance.	
Reference #2	
Business Name:	
Contact Name:	
Address:	
Telephone Number:	
Email:	
<u>Briefly</u> describe the type of service provided and the period of performance.	

Reference #3	
Business Name:	
Contact Name:	
Address:	
Telephone Number:	
Email:	
<u>Briefly</u> describe the type of service provided and the period of performance.	