



**DIOCESE OF PROVIDENCE**  
OFFICE OF COMMUNITY SERVICES AND CATHOLIC CHARITIES  
ONE CATHEDRAL SQUARE  
PROVIDENCE, RHODE ISLAND 02903-3695

(401) 421-7833  
(401) 453-6135 FAX

Dear Vendor Applicant:

Thank you for your interest in participating in *CareBreaks*, a program that provides a respite break for caregivers caring for loved ones of any age.

Enclosed please find the *Vendor Enrollment* package that you requested, along with information about the CareBreaks program.

Please complete and submit the following required documents

Vendor Enrollment Application  
Vendor Agreement (contract)  
Current copy of your agency's form of licensure  
W-9

Completed forms and required documentation should be mailed to:

Carol Rosol  
Grant's Manager  
Office of Community Services & Catholic Charities  
One Cathedral Square  
Providence, RI 02903

After we have reviewed your enrollment forms, you will be notified in writing of our decision regarding your application. You must be enrolled as an approved vendor and receive prior authorization before providing any services in order to receive payment from the *CareBreaks* program.

If you have any questions about the enrollment form or enrollment process, please call me at (401) 421-7833 ext. 202, or e-mail [crozol@dioceseofprovidence.org](mailto:crozol@dioceseofprovidence.org)

Again, thank you for your interest in becoming a *CareBreaks* vendor. We look forward to partnering with you.

Sincerely,

Carol Rosol