



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 31, 2010

Donald Schuster
Crisis Center Inc. DBA Listening Ear
PO Box 800
Mt. Pleasant, MI 48804-0800

RE: License #: AS370011305
Manors Home
1521 Manor Lane
Mount Pleasant, MI 48858

Dear Mr. Schuster:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 758-2717.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 772-8479

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS370011305

Licensee Name: Crisis Center Inc. DBA Listening Ear

Licensee Address: PO Box 800
107 E Illinois
Mt Pleasant, MI 488040800

Licensee Telephone #: (231) 587-8688

Administrator/Licensee Designee: Donald Schuster, Designee

Name of Facility: Manors Home

Facility Address: 1521 Manor Lane
Mount Pleasant, MI 48858

Facility Telephone #: (989) 772-0198

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. Purpose of Addendum

The Licensee submitted a request to modify the population served by this facility, to include adults with Mental Illness, and to include Mental Illness under the facility's Special Certification programs.

III. Methodology

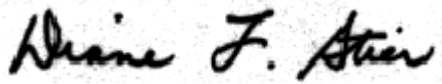
The licensee submitted a written request to have the license and Special Certification for this facility modified to include adults with Mental Illness. The licensee submitted documentation regarding the qualifications of the Administrator and Licensee Designee.

IV. Description of Findings and Conclusions

The consultant received and reviewed proof of one year's experience in working with adults with Mental Illness from the Licensee Designee/Administrator of this facility. This consultant received confirmation from Community Mental Health for Central Michigan that the licensee is in compliance with Recipient Rights requirements.

V. Recommendation

I recommend that the facility's "population served" and Special Certification be amended to include adults with Mental Illness.



Diane L Stier
Licensing Consultant

March 31, 2010
Date