

State of Michigan DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



April 30, 2012

Sara Collison 6191 N Riverview Dr. Kalamazoo, MI 49004

RE: License #: AM390008626

The Homestead 6191 N Riverview Dr Kalamazoo, MI 49004

Dear Mrs. Collison:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant Bureau of Children and Adult Licensing 322 E. Stockbridge Ave Kalamazoo MI 49001

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Kalamazoo, MI 49001

(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM390008626

Licensee Name: Sara Collison

Licensee Address: 6191 N Riverview Dr

Kalamazoo, MI 49004

Licensee Telephone #: (269) 342-4703

Administrator/Licensee Designee: N/A

Name of Facility: The Homestead

Facility Address: 6191 N Riverview Dr

Kalamazoo, MI 49004

Facility Telephone #: (269) 342-1953

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. Purpose of Addendum

Modify licensee.

III. Methodology

On-site inspection on April 26, 2012; written request to modify licensee from Sara Collison.

IV. Description of Findings and Conclusions

This facility was originally licensed to Glen and Sara Collison. Mr. Collison is deceased as of 2012. Mrs. Collison has requested that his name be removed from the license and she will be the sole licensee.

V. Recommendation

I recommend that the license be modified to show Sara Collison as sole licensee.

Dusan Barriber	April 30, 2012
Susan Gamber	Date
Licensing Consultant	

Approved By:

April 30, 2012

Gregory V. Corrigan

Date

Area Manager