



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

May 19, 2003

Pamela Kekes
Synod Residential Services
P. O. Box 980465
Ypsilanti, MI 481980465

RE: Application #: AS810256250
Acute Services
P.O. Box 980465
2140 Washtenaw
Ypsilanti, MI 481980465

Dear Ms. Kekes:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Linda Lee, Area Manager, at (734) 665-6415.

Sincerely,

Jeff Bozsik, Licensing Consultant
Bureau of Family Services
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-4741

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS810256250

Applicant Name: Synod Residential Services

Applicant Address: P.O. Box 980465
2140 Washtenaw
Ypsilanti, MI 481980465

Applicant Telephone #: (734) 483-9363

Administrator/Licensee Designee: Pamela Kekes, Designee

Name of Facility: Acute Services

Facility Address: P.O. Box 980465
2140 Washtenaw
Ypsilanti, MI 481980465

Facility Telephone #: 734.485-6890

Application Date: 02/04/2003

Capacity: 6

Program Type: MI/DD/PH

