



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

September 16, 2003

Homestead Residence Inc.
Josephine Akunne
3820 Packard, Ste. 180
Ann Arbor, MI 48108

RE: Lic./App. #: AS630014729
Cambria House

Dear Ms.] Akunne:

We are in receipt of your application for certification as a provider of specialized programs for the following adult foster care facility:

Cambria House
6825 Barabeau
Troy, MI 48098

Based on review of your application, and in accordance with the rules governing Specialized Certification [R 330.1802 (3)], you are granted Temporary Certification to provide specialized services to persons with a mental illness effective June 9, 2003 through 12/09/2003 at the above adult foster care facility.

You will be contacted regarding an on-site inspection at the facility prior to the expiration of the Temporary Certification to determine compliance with the certification rules.

NOTE: To achieve Regular Certification, a licensee must have residents in place who receive specialized programs and who have current individual plans of service (IPOS) in place.

Please feel free to contact me with any questions. In the event that I am not available, and you must speak to someone immediately, please feel free to contact the local office at 248/ 975-5052.

Sincerely,

James Clark], Licensing Consultant
41000 Woodward Ave., Ste 358
Bloomfield Hills, MI 48304
248/ 975-5084

Approved By:

Barbara Smalley
Manager

Date