



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 6, 2017

Joseph Gatu
7 Tony Tiger TRL
Springfield, MI 49037

RE: License #: AF130369560
JoAnne Foster Care
7 Tony Tiger TRL
Springfield, MI 49037

Dear Mr. Gatu:

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

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF130369560
Licensee Name:	Joseph Gatu
Licensee Address:	7 Tony Tiger TRL Springfield, MI 49037
Licensee Telephone #:	(269) 883-6339
Administrator/Licensee Designee:	N/A
Name of Facility:	JoAnne Foster Care
Facility Address:	7 Tony Tiger TRL Springfield, MI 49037
Facility Telephone #:	(269) 883-6339
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. Purpose of Addendum

III. Methodology

IV. Description of Findings and Conclusions

V. Recommendation

It is recommended that the modification to the license be granted.



10/6/2017

Stephanie Gonzalez
Licensing Consultant

Date