



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

June 12, 2007

Charlene McNeal  
Irvine Head Injury Home Inc  
30066 Ponds View Dr  
Franklin, MI 48025

RE: License #: AS630012783  
Irvine Head Injury Home  
13531 Irvine  
Oak Park, MI 48237

Dear Ms. McNeal:

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 (248) 975-5051.

Sincerely,

John Pochas, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 358  
41000 Woodward  
Bloomfield Hills, MI 48304  
(248) 975-5085

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AS630012783                               |
| <b>Licensee Name:</b>                   | Irvine Head Injury Home Inc               |
| <b>Licensee Address:</b>                | 30066 Ponds View Dr<br>Franklin, MI 48025 |
| <b>Licensee Telephone #:</b>            | (810) 661-8411                            |
| <b>Administrator/Licensee Designee:</b> | Charlene McNeal, Designee                 |
| <b>Name of Facility:</b>                | Irvine Head Injury Home                   |
| <b>Facility Address:</b>                | 13531 Irvine<br>Oak Park, MI 48237        |
| <b>Facility Telephone #:</b>            | (248) 542-4423                            |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | TRAUMATICALLY BRAIN INJURED               |

**II. Purpose of Addendum**

Request made to add mentally ill to population served.

**III. Methodology**

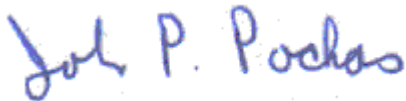
- Request made for training and experience with mentally ill population.
- Educational qualifications requested.
- Policy modifications as necessary (i.e. Program Statement, Admission policy).

**IV. Description of Findings and Conclusions**

Review made of documents and information requested by the department. Information submitted found to meet requirements for modification of population terms requested by licensee.

**V. Recommendation**

I recommend that the population served be modified to include the mentally ill population.



6/12/2007

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John Pochas  
Licensing Consultant

Date