



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 20, 2012

W. Conner
Renaissance Community Homes Inc
P.O. Box 166
Milan, MI 48160

RE: License #: AS460306622
Sunrise Home
530 Sunrise Dr.
Hudson, MI 49247

Dear Mr. Conner:

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 (517) 241-2585.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS460306622
Licensee Name:	Renaissance Community Homes Inc
Licensee Address:	25 E Main Street Milan, MI 48160
Licensee Telephone #:	(734) 439-0464
Administrator/Licensee Designee:	W. Conner
Name of Facility:	Sunrise Home
Facility Address:	530 Sunrise Dr. Hudson, MI 49247
Facility Telephone #:	(517) 448-3007
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. Purpose of Addendum

To add the Mentally Ill (MI) program type to facility license as well as to add same population for special certification.

III. Methodology

Required documentation was submitted noting addition of the MI program type in the facility's program statement and admission policy. Also submitted was the special certification application to serve the MI population and the required documentation to add this to the special certification status for this facility.

IV. Description of Findings and Conclusions

The required documentation to reflect the addition of the MI program type to the license as well as the special certification status for this facility has been submitted, reviewed, and approved. Mike Conner (licensee designee) and Amanda Iffland (administrator) have been previously credentialed for education and work experience to serve this population in other adult foster care facilities.

V. Recommendation

I recommend the addition of the MI program type to the current license and to approve the facility to serve the MI population for special certification.



8/20/12

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



8/20/12

Betsy Montgomery
Area Manager

Date