



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

November 18, 2014

Donald Schuster  
Crisis Center, Inc. - DBA Listening Ear  
P. O. Box 800  
Mt Pleasant, MI 48804-0800

RE: License #: AS180010533  
Parkview Home  
816 Oaklawn Street  
Harrison, MI 48625

Dear Mr. Schuster:

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) 284-9720.

Sincerely,

Ronald R. Verhelle, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS180010533
<b>Licensee Name:</b>	Crisis Center, Inc. - DBA Listening Ear
<b>Licensee Address:</b>	107 East Illinois Mt Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 773-6904
<b>Licensee Designee:</b>	Donald Schuster
<b>Administrator:</b>	Michele Chapman
<b>Name of Facility:</b>	Parkview Home
<b>Facility Address:</b>	816 Oaklawn St. Harrison, MI 48625
<b>Facility Telephone #:</b>	(989) 539-2704
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTAL ILLNESS

## **II. Purpose of Addendum**

The purpose of the Addendum to the Original Licensing Study Report is to add mental illness to the population served by the facility.

## **III. Methodology**

On November 18, 2014, I received a Request for Modification of the Terms of the License.

On November 18, 2014, I received an amended Adult Foster Care License Corporate Application.

On November 18, 2014, I received an amended Program Statement.

On November 18, 2014, I reviewed Donald Schuster, licensee designee, and Michele Chapman, administrator, experience and qualifications.

## **IV. Description of Findings and Conclusions**

On November 18, 2014, I reviewed a Request for Modification of the Terms of the License. This request was for adding mentally illness as a population served by the facility.

On November 18, I reviewed an amended Adult Foster Care License Corporate Application. This application added mental illness as a population served by the facility.

On November 18, 2014, I reviewed an amended Program Statement. This statement included mental illness as a population served by the facility.

On November 18, 2014, I reviewed Donald Schuster, licensee designee, and Michele Chapman, administrator, experience and qualifications. They both have several years of education and experience working with individuals with mental illness.

**V. Recommendation**

I recommend mental illness be added to the license as a population being served by the facility.

*Ronald R. Verhelle*

November 18, 2014

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Ronald R. Verhelle  
Licensing Consultant

Date