



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

June 14, 2004

Valerie Briggs
10893 Deerwood Drive
Lowell, MI 49331

RE: License #: AF410003329
Adams Adult Care Home
10893 Deerwood Drive
Lowell, MI 49331

Dear Mrs. Briggs:

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 (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0117

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF410003329
Licensee Name:	Valerie Briggs
Licensee Address:	10893 Deerwood Drive Lowell, MI 49331
Licensee Telephone #:	(616) 897-5526
Administrator/Licensee Designee:	N/A
Name of Facility:	Adams Adult Care Home
Facility Address:	10893 Deerwood Drive Lowell, MI 49331
Facility Telephone #:	(616) 897-5526
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. Purpose of Addendum

The licensee has requested the mentally ill be removed from the Program Type area on the terms of the license.

III. Methodology

06/10/2004 Telephone call received

06/10/2004 Inspection completed

IV. Description of Findings and Conclusions

The licensee does not currently serve individuals whose primary diagnosis is mental illness.

V. Recommendation

I recommend that the mentally ill be removed from the Program Type area on the terms of the license.

Grant Sutton _____ Date
Licensing Consultant