JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

February 10, 2005

Kandi Garcia
Calhoun Specialized Care, Inc.
P.O. Box 4115
Battle Creek, MI 49014

RE: License #: AS130268236
Calhoun Specialized Care II
76 N Union St.
Battle Creek, MI 49017

Dear Ms Garcia:

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 (269) 337-5066.

Sincerely,

Kenneth Tindall, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130268236
Licensee Name:	Calhoun Specialized Care, Inc.
Licensee Address:	P.O. Box 4115 Battle Creek, MI 49014
Licensee Telephone #:	
Administrator/Licensee Designee:	Kandi Garcia, Designee
Name of Facility:	Calhoun Specialized Care II
Facility Address:	76 N Union St. Battle Creek, MI 49017
Facility Telephone #:	(269) 965-5033
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. Purpose of Addendum

Licensee Designee Kandi Garcia submitted a written request to reduce the capacity from 6 to 3 residents.

III. Methodology

Review of written request.

IV. Description of Findings and Conclusions

Home is in rule compliance for a capacity of 3 residents.

V. Recommendation

The home's capacity is reduced from 6 to 3.

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Kenneth Tindall Date
Licensing Consultant