



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

September 2, 2005

Sean Youngren
Rainbow Rehabilitation Centers
P.O. Box 970230
Ypsilanti, MI 48197-0230

RE: Application #: AS820269478
Hull House
46131 Hull
Belleville, MI 48111

Dear Mr. Youngren:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (734) 665-4740.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeff Bozsik, Licensing Consultant
Office of Children and Adult Licensing
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-4741

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

I. IDENTIFYING INFORMATION

License #:	AS820269478
Applicant Name:	Rainbow Rehabilitation Centers
Applicant Address:	5570 Whitaker Rd. Ypsilanti, MI 481970230
Applicant Telephone #:	(734) 482-1200
Administrator/Licensee Designee:	Sean Youngren, Designee
Name of Facility:	Hull House
Facility Address:	46131 Hull Belleville, MI 48111
Facility Telephone #:	(734) 482-1200 04/27/2004
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/27/2004	Enrollment
08/26/2004	Application Incomplete Letter Sent Request 1326 for Sean C. Youngren, Licensee Designee and returned application to have administrator named
06/24/2005	Application Complete/On-site Needed
06/29/2005	Application Incomplete Letter Sent
07/05/2005	Inspection Completed On-site
09/02/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a former AIS/MR 6 bed ranch home which has been extensively renovated. The facility has both public water and public sewer and it is wheelchair accessible. The facility has a living room with 399 s.f., 2 dining areas, and a large kitchen. The facility has 6 bedrooms with the following sizes: a) bedrooms 1 and 2 have 180 s.f. of space; b) bedrooms 3, 4, and 5 have 152 s.f. of space; and c) bedroom 6 has 160 s.f. of space. The facility has a maximum capacity of 6 residents.

B. Program Description

The licensee provides residential services to the physically handicapped and TBI populations. See enclosed program statement for more details.

C. Rule/Statutory Violations

There are no rule/statutory violations.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Jeff Bozsik
Licensing Consultant

September 2, 2005
Date

Approved By:



Linda Lee
Area Manager

September 2, 2005
Date