



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

08/03/07

Ms. Trina Townsend  
PO Box 493  
Bridgeport, MI 48722

RE: Lic./App. #: AS730280366

Dear Ms. Townsend:

We are in receipt of your application for certification as a provider of specialized programs for the following adult foster care facility:

Athens AFC  
920 Athens  
Saginaw, MI 48601  
AS730280366

Based on review of your application, and in accordance with the rules governing Specialized Certification [R 330.1802 (3)], you are granted Temporary Certification to provide specialized services to persons with a mental illness and developmental disability effective 07/16/07 through 01/15/08 at the above adult foster care facility.

You will be contacted regarding an on-site inspection at the facility prior to the expiration of the Temporary Certification to determine compliance with the certification rules.

**NOTE: To achieve Regular Certification, a licensee must have residents in place who receive specialized programs and who have current individual plans of service (IPOS) in place.**

Please feel free to contact me with any questions. In the event that I am not available, and you must speak to someone immediately, please feel free to contact the local office at 989-758-1987.

Sincerely,



Kathryn Huber, Licensing Consultant  
PO Box 5070  
Saginaw, MI 48605  
989-758-1922

Approved By:



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Barbara C. Smalley  
Manager

Date 08/03/07