

On Wednesday, November 13, 2013 1:35 PM, Ohio Department of Developmental Disabilities <dodd.certification@dodd.ohio.gov> wrote:
When replying, type your text above this line.

RENEWAL OF CERTIFICATION LETTER

Date:	2013-11-01	
Name:	TAMMY DE ANDA	DODD Contract Number: 4802164
Agency:	DE ANDA, TAMMY L.	
Address:	1941 HURD ST	ODJFS Medicaid Provider Number: 2584789
	TOLEDO, OH 436050000	

Certification Date: **01/02/2014**
New Expiration Date: **01/01/2017**

Homemaker/Personal Care * HPC Transportation *** Supported Living**

Dear Provider:

Congratulations! Your application for renewal of your provider certification through the Ohio Department of Developmental Disabilities has been approved. Your certification has been renewed for three years. Please note, it continues to be your responsibility to meet the requirements of the Provider Certification rule, 5123:2-2-01 and other service specific standards and assurances established under Chapter 5123. of the Ohio Administrative Code.

Should you have any questions or require additional information regarding certification, please feel free to contact the provider certification unit via email at <mailto:Provider.Certification@dodd.ohio.gov> or by telephone toll free at 1-800-617-6733, option 3.

Sincerely,

The Provider Certification Team