


Subject: Certification Renewal Approved ISSUE=15530 PROJ=27
From: Ohio Department of Developmental Disabilities (dodd.certification@dodd.ohio.gov)
To: crs217@sbcglobal.net;
Date: Thursday, September 19, 2013 1:27 PM

When replying, type your text above this line.

 Ohio Department of Developmental Disabilities

RENEWAL OF CERTIFICATION LETTER

Date: 2013-09-05
Name: Thomas Musto **DODD Contract Number:** 4800264
Agency: COMMUNITY RESIDENTIAL SERVICES, Inc.
Address: 151 N. MICHIGAN ST STE 217 **ODJFS Medicaid Provider Number:** 0886046
 TOLEDO, OH 436040000

Certification Date: 11/02/2013
New Expiration Date: 11/01/2016

Adult Day Support * Homemaker/Personal Care *** HPC Transportation *** Non-Medical Transportation - Per Mile *** Non-Medical Transportation - Per Trip *** 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 dodd.support@dodd.ohio.gov or by telephone toll free at 1-800-617-6733, option 3.

Sincerely,

The Provider Certification Team