

Demographic Information

Certification Expiration: 06/28/2020

Provider:	Anderson, Siarra M. (#4809532) Independent / Sole Proprietor	
Date of Birth:	11/24/1986	
Certification Span:	06/29/2017 - 06/28/2020	Status:
Phone:	419-901-7224 (567) 277-4671	Fax:
Address:	3501 Maxwell Rd lower unit Toledo, OH, 43606 0000	
Email Address:	siarraanderson@yahoo.com	

Certification/Approval History

<i>Effective Date</i>	<i>Expiration Date</i>	<i>Applicat</i>
06/29/2017	06/28/2020	60538

Individual Option Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Expirat</i>
Adult Foster Care	06/29/2017	06/28/2020
Homemaker Personal Care	06/29/2017	06/28/2020
Shared Living	09/01/2017	06/28/2020

Level One Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Expirat</i>
Homemaker Personal Care	06/29/2017	06/28/2020

Self Empowered Life Funding Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Ex</i>
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<i>Community Inclusion--Personal Assistance(SELF waiver Only)</i>	<i>06/29/2017</i>	<i>06/</i>
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Other Services

<i>Service</i>	<i>Program Type</i>	<i>Effective Date</i>	<i>Expir</i>
<i>Supported Living</i>	<i>SL</i>	<i>06/29/2017</i>	<i>06/28/2020</i>