

COMMONWEALTH of VIRGINIA

NELSON SMITH  
 COMMISSIONER

*DEPARTMENT OF  
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Date

Name

Address

Address

Dear Parent/Legal Guardian,

My name is (FRC/M) and I am a Family Resource Consultant/Manager with the Department of Behavioral Health and Developmental Services (DBHDS). I work closely with Intermediate Care Facilities such as (**Holiday House or St. Mary’s Home**) by educating parents/guardians on the service options available in the community. A copy of the DBHDS Community Transition Guide is included with this letter. Please review at your earliest convenience.

I would like an opportunity to speak with you regarding this information. If you have any questions, I can be reached at (804) 201-3833. In advance, your time and consideration are greatly appreciated.

Sincerely,

(Name)

Family Resource Consultant/Manager

Division of Developmental Services