

COMMONWEALTH of VIRGINIA

NELSON SMITH  
 COMMISSIONER

*DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*Post Office Box 1797  
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Date

Contact Name

Facility Name

Facility Address

Facility Address

Dear

A Level of Care Review was completed for **(**beneficiary) on (date). Your facility was found to be in compliance in all areas; however, the Family Resource Consultant (FRC) would like to offer the following recommendations:

|  |  |
| --- | --- |
| **Area of Review** | **Recommendations** |
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|  |  |

If you have any questions or would like additional information, you may contact me at (Phone # or email). Your written response to recommendations is due by (Date).

Sincerely,

(Name)

Family Resource Consultant/Manager

Division of Developmental Services