

COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE  
 COMMISSIONER

*DEPARTMENT OF  
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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** |
|  |  |
|  |  |

If you have any questions or would like additional information, you may contact me at

Your written response to recommendations is due by

Sincerely,

(Name)

Family Resource Consultant

Division of Developmental Services