



**CLIENT SATISFACTION SURVEYS WAIVER  
FY 2010**

To: Luann LeVeck, Care Coordination Center Secretary

From: \_\_\_\_\_  
(Program/Contact Name/Telephone Number)

Date: \_\_\_\_\_

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We do not have any Satisfaction Surveys for the following quarter:

- 1<sup>st</sup> Quarter 2009/2010 (October 1, 2009 - December 31, 2009)  
Due: October 23, 2009
  
- 2<sup>nd</sup> Quarter 2009/2010 (January 1, 2010 - March 31, 2010)  
Due: January 22, 2010
  
- 3<sup>rd</sup> Quarter 2009/2010 (April 1, 2010 - June 30, 2010)  
Due: April 30, 2010
  
- 4<sup>th</sup> Quarter 2009/2010 (July 1, 2010- September 30, 2010)  
Due: July 30, 2010

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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Please fax to Luann LeVeck, CCC Secretary, at (517) 853-0496  
Thank you.