

CHILDREN'S SPECIAL HEALTH CARE SERVICES



CSHCS LHD Email Communication

Date	11/13/2019		
Email	CSHCS INFO #30-2019		
Type			
Subject	Annual Report		

Contact	Name/Department	Phone	Email Address
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Dear Colleagues,

Reminder: Please upload your CSHCS Annual Report to the Document Management Portal using the following: Document Type = Local Health Department, Document Title = Annual Reports, First Name — enter your county name, Last name = Reporting, and Date of Birth = 12/01/1950. Please feel free to email me at boycec@michigan.gov with any questions.

Thank you!

Craig Boyce