

Order Form

PROVIDING RESIDENTIAL SERVICES IN COMMUNITY SETTINGS

Trainer's Package

Note: Checks should be made out to State of Michigan/DCH. Send your check with this order form to:

ATTN.: **Trainer's Package Order**
Michigan Department of Community Health
Accounting
320 S. Walnut Street
Lansing, Michigan 48913

I have enclosed payment (**\$29.00 ea**) totaling \$_____. Please send _____ copies of the 1996 edition of the *TRAINER'S Package for Providing Residential Services in Community Settings*

NAME _____

AGENCY _____

CMHSP: _____ Yes _____ No

ADDRESS _____

CITY _____

STATE _____ ZIP _____