



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

MAR 20 2012

Ms. Kimberly Russell, Administrator
Salisbury Behavioral Health, Inc.
614 North Easton Road
Glenside, Pennsylvania 19038

RE: Salisbury Behavioral Health
1075 Easton Road
Roslyn, Pennsylvania 19001

Dear Ms. Russell:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.53(a) (relating to qualifications and responsibilities of administrators) for [REDACTED]

Your request for waiver is being returned for additional information. The following details must be included in the waiver request:

- Current detailed resume
- Copy of Department of Public Welfare Provider Orientation certificate
- Copy of Department of Public Welfare 100-hour course certificate and test
- Documentation of education (such as diploma, degree, or nursing license)

Upon receipt of a completed request for a waiver, a full and careful review of all documentation will occur. Please return the completed waiver request to:

Ms. Tara Pride, Policy Director
Adult Residential Licensing
Health and Welfare Building
Room 631
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Kimberly Russell

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If you have any questions regarding the waiver process, please contact Ms. Tara Pride, Policy Director, at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Director