

ALVAREZ AND SUAREZ SUPPORT, INC

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TAMPA, FL 33614
813-964-6228 813-964-6229 (fax)
www.waivercare.com

January 21, 2010

To: Level II Screening Live Scan Operator

Ref: OCA Number

Dear Sir/Madam:

The organization named on the letterhead of this document provides services under agreement with the Developmental Disabilities Medicaid Waiver program funded by the Agency for People with Disabilities in the Suncoast Area 23 (Hillsborough, Pinellas, Pasco, Manatee, De Soto, and Sarasota counties). As such, I am asking you to provide live scan screening services to the bearer of this letter.

Please use the following OCA number:

06292987Z

Please contact me at the number listed on the letter head, or on my cell phone 813-526-2938 should any clarification is needed.

I appreciate your attention to this request.

Ubaldo Alvarez, President/CEO