**Draft – PROVIDER MANUAL FOR COMMUNITY PROVIDERS OF STATE FUNDED SERVICES**

Instructions for providing feedback/comments: Please limit your feedback/comments to the format proposed. The comment grid below has been formatted for your feedback on the revised draft Provider Manual. Please indicate the Chapter, Section and Page # of the Draft Provider Manual. Comment: Be specific, respond to content in Section being addressed. Suggest new language/wording, additions, etc., and Implications of your suggested changes.

**Feedback Due by May 9, 2014, to be submitted to** **PolicyQuestions@dbhdd.ga.gov**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter and Section** | **Page Number** | **Comment: Be specific, respond to content in Section being addressed** | **Suggest new language/wording, additions, etc.** | **Implications of Proposed Changes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (optional) (optional)