

Date: \_\_\_\_\_

To whom it may concern,

I, \_\_\_\_\_ would like to appoint Belinda M. Gulley) to be my authorized representative with DHHS.

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

MDHHS Office: \_\_\_\_\_

Specialist/ID: \_\_\_\_\_

Individual ID: \_\_\_\_\_

Below is all the information you should need for Belinda Gulley.

Belinda M. Gulley  
207 W. Washington ST  
Grand Ledge, MI 48837

Birth Date: 11/14/1979

Phone Number: (517) 974-8068

Email Address

[admin@caterpillarclubhousesf.com](mailto:admin@caterpillarclubhousesf.com)

Please feel free to reach out to me with any questions.

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Belinda M. Gulley

On the DHHS application, there is a spot to add an authorized representative. Please list Belinda Gulley as an authorized representative.