

GENESEE COUNTY HEALTH DEPARTMENT
PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the Health Officer and the chairperson of your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

I have reviewed the Plan of Organization for the Genesee County Health Department.

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Michelle Estell, RS, MSA

Health Officer Signature: _____

Date: _____

Local Governing Entity Chairperson Name: James Avery

Local Governing Entity Name: Genesee County Board of Commissioners

Mailing Address: 1101 Beach St. Flint, MI 48502

Chairperson Signature: _____

Date: _____