

City and County of San Francisco DEPARTMENT OF PUBLIC HEALTH COMMUNITY BEHAVIORAL HEALTH SERVICES

Edwin Lee Mayor Darlene Daevu, MBA
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Re: ADA Declaration of Compliance

Dear Provider:

Enclosed is a *Compliance with ADA Regulations* form for your review, completion, and signature.

You should be familiar with the compliance regulations, but if you have any questions, please call me at 255-3426 (voice) or 255-3429 (TTY).

Please file the completed declaration in your onsite Compliance binder.

IMPORTANT NOTE ORIGINAL SIGNATURE REQUIRED

Thank you for your prompt attention.

Sincerely,

Darlene C. Daevu, MBA

ADA Coordinator

DCD:dcd

Enclosure