

NOTICE OF PROPOSED PLACEMENT OR PLAN OF SERVICES
[NYS MHL §13.38(e)]

[Date]

[Address Block for Family]

Dear **[PERSON MAKING DECISIONS ABOUT SERVICES]**:

As you are aware, **[RESIDENTIAL SCHOOL NAME]** is receiving temporary funding from the New York State Office for People With Developmental Disabilities (OPWDD) for **[INDIVIDUAL'S FULL NAME]** to remain at **[RESIDENTIAL SCHOOL NAME]**. OPWDD provides temporary funding only until appropriate adult services within the OPWDD system of care become available.

This notice is to inform you that OPWDD hereby offers **[INDIVIDUAL'S FIRST NAME]** a residential opportunity at **[ADDRESS OF RESIDENCE]** with services operated by **[AGENCY NAME]**. Additionally, **[INDIVIDUAL'S FIRST NAME]** will receive day services from **[DAY SERVICE PROVIDER]**. OPWDD has determined that these proposed services are appropriate to meet **[INDIVIDUAL'S FIRST NAME]**'s adult needs. This service opportunity will be available for **[INDIVIDUAL'S FIRST NAME]** on or about **[DATE AVAILABLE]**.

Enclosed for your review is **[AGENCY NAME'S]**'s preliminary adult services plan, preliminary behavior support plan (if needed), and preliminary safeguard summary plan which describe the service opportunity. Also enclosed is a Response Form for you to complete. If you accept this service opportunity, please complete Part A of the Response Form and return it in the enclosed envelope so that OPWDD receives it no later than **[DATE – 35 DAYS FROM THE DATE LETTER IS MAILED OUT]**. Staff from **[AGENCY NAME]** and **[DDRO DISTRICT]** will work with you and **[INDIVIDUAL'S FIRST NAME]** to finalize plans for **[INDIVIDUAL'S FIRST NAME]**'s move to the new home.

You may also decline the services and/or decline and request an administrative appeal. If you wish to decline but do not wish to request an appeal, please complete Part B on the Response Form and indicate the reason(s) you are declining. If you do not think the proposed services are available and appropriate to meet **[INDIVIDUAL'S FIRST NAME]**'s needs, you can ask for an administrative appeal to review OPWDD's determination. If you would like to request an administrative appeal, please complete Part C on the Response Form and state the reason(s) for your objection. Your written request for an administrative appeal must be received by **[35 DAYS FROM THE DATE LETTER IS MAILED OUT]**.

[FIRST PAGE TO BE PRINTED ON DDRO LETTERHEAD]

Please complete and return the form in the enclosed envelope so that OPWDD receives it no later than **[35 DAYS FROM THE DATE LETTER IS MAILED OUT]** to:

Response to Proposed Placement of Services
Attn: Christina Cruz
Office of the Deputy Commissioner, Regional Offices
NYS Office for People With Developmental Disabilities
9 Wilbur Road
Thiells, NY 10984

If you do not accept this service opportunity and do not timely request an administrative appeal, OPWDD's temporary funding for **[NAME OF RESIDENTIAL SCHOOL]** will end on **[DATE 60 DAYS FROM WHEN THIS LETTER IS MAILED OUT]**. If you request an administrative appeal on time, a hearing will be scheduled to review OPWDD's determination and the temporary funding will continue while your appeal is considered.

If you prefer **[INDIVIDUAL'S FIRST NAME]** to move home with your family, OPWDD will work with you to find day services and at-home supports. If you are interested in this option, please contact **[RESIDENTIAL SCHOOL TRANSITION COORDINATOR NAME]**, **[DDRO DISTRICT]** Residential School Transition Coordinator as soon as possible.

We look forward to your response. If you have any questions, please contact **[RESIDENTIAL SCHOOL TRANSITION COORDINATOR NAME]** at **[RSTC E-MAIL ADDRESS]**. Thank you.

Sincerely,

[DDRO Director]
[DDRO Director Title]

Encs: Response Form
Preliminary Service Plans
Addressed Stamped Envelope

cc: **[Individual's Full Name]**
[AO Coordinator Name]
[Agency Name]
[Residential School Name]
[OPWDD Counsel's Office]]