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

[Date]

[Address Block for Individual]

[Address Block for Family]

Dear [Individual] and [Family Member]

As you are aware, [Name of Residential School] has been receiving temporary funding from the New York State Office for People With Developmental Disabilities (OPWDD) for you to remain at [Residential School Name]. OPWDD provides such 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 you an opportunity to reside at [Agency Address]; an [Service Type] operated by [Agency Name]. In addition, you will receive day services from [Day Service Provider]. OPWDD has determined that these proposed services are appropriate to meet your adult needs. This service opportunity will be available for you on or about [Date Available].

Enclosed for your review is [Agency Name's] preliminary adult services plan, which provides a written description of 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. Staff from [Agency Name] and [DDRO District] will work with you and your family to finalize plans for your move to your new home.

If you disagree with OPWDD's determination that the proposed services are both appropriate to meet your needs and are available, you have the right to an administrative appeal to review OPWDD's determination. If you would like to request an administrative appeal, please complete Part B on the Response Form and state the reason(s) for your objection. Your written request for an administrative appeal must be received by [date 45 days out].

Please complete and return the form in the enclosed envelope to:

Response to Proposed Placement or Services
NYS Office for People With Developmental Disabilities
25 Beaver Street
New York, NY 10004

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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 cease on [date 60 days out]. If you timely request an administrative appeal, a hearing will be scheduled to review OPWDD's determination and temporary funding will continue while your appeal is considered.

If you prefer 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 [AO Coordinator Name], [DDRO District] Age-Out Coordinator as soon as possible.

We look forward to your response. If you have any questions, please contact [AO Coordinator Name] at [AO Coordinator Phone]. Thank you.

Sincerely,

[DDRO Director]
[DDRO Director Title]

Encs: Response Form
Preliminary Service Plan
Addressed Stamped Envelope

cc: [AO Coordinator Name]
[Agency Name]
[Residential School Name]