



To: Antonia Ferguson, Consumer Advisory Board  
[Sent via email at [OPWDD.CAB@opwdd.ny.gov](mailto:OPWDD.CAB@opwdd.ny.gov)]

From:

Date:

This is to submit, as email attachments, the following documents on behalf of [class member name \_\_\_\_\_].

- Comprehensive Functional Assessment (CFA) dated \_\_/\_\_/\_\_/Quarterly Review dated \_\_/\_\_/\_\_
- Death notification/QCC 100
- Meeting related correspondence, i.e., invitations and confirmations [specify \_\_\_\_\_]
- Request for consent for psychotropic medication
- Request for consent for behavior plan
- Referral letter/referral packet;
- Informational letter to families re CAB representation
- Due process notification (check one):
  - ⇒  30-day notice;
  - ⇒  7 day letter/psychiatric admission;
  - ⇒  letter documenting temporary move, emergency move and time limited services elsewhere;
- Request for routine consent, i.e., photo, camp, etc.
- Other: [specify \_\_\_\_\_]

*Remember:*

- Requests for Informed Consent for “Professional” Medical Treatment for class members fully represented by CAB are to be transmitted via paper mail only to Ms. Ferguson at the CAB main office at 1050 Forest Hill Road, Staten Island, NY 10314.
- The Special Incident Review Meeting Minutes, OPWDD 147/148 Reports may be sent via secure email to [OPWDD.CABIncidents@opwdd.ny.gov](mailto:OPWDD.CABIncidents@opwdd.ny.gov) or sent paper mail to the CAB main office.

*In addition, staff must not send electronic messages via email or the Internet directly to local CAB representatives.*

*This documentation is confidential and being provided for CAB information. If shared, CAB must do so in a secure manner that complies with HIPAA Privacy and Security requirements.*

