



Directions: Use this Response Form to notify OPWDD of your response to the Notice of Proposed Placement or Plan of Services under NYS Mental Hygiene Law §13.38(e).

Complete Part A if you wish to consent to the placement / services offered.

Complete Part B if you wish to object to the placement / services offered and request an administrative appeal.

You must return this Response Form to the following address within 30 days after the date you received the Notice of Proposed Placement or Plan of Services: Response to Proposed Placement or Services, NYS Office for People With Developmental Disabilities, 25 Beaver Street, New York, NY 10004

Name of Individual for whom Placement / Services have been Proposed:

(name)

PART A: CONSENT FOR SERVICES

I have reviewed the Notice of Proposed Placement or Plan of Services and the materials provided with it, and I accept that offer of placement and/or services.

Date

Signature

Name

PART B: OBJECTION AND REQUEST FOR AN ADMINISTRATIVE APPEAL

I have reviewed the Notice of Proposed Placement or Plan of Services and the materials provided with it. I DO NOT accept the offer of placement and/or services and I request an administrative appeal. I object to the offer of placement and/or services because:

Date

Signature

Name

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to Public Officers Law §§73 & 74 for the purpose of administering proposed placements under NYS MHL §13.38(e). This information will be maintained by the OPWDD Division of Service Delivery at OPWDD, 44 Holland Ave., Albany, NY 12229. For further information relating to the Personal Privacy Protection Law call (518) 474-7700.