

[LETTERHEAD]

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

DATE

NAME
ADDRESS

Dear _____:

By a letter dated [DATE] you were notified of The Office for People With Developmental Disabilities intent to deny your application for a Family Care Home operating certificate and of your right to request an administrative hearing within 30 days of receipt of such notice. Please be advised that since the 30-day period has lapsed and you have not availed yourself of the right to request an administrative hearing, that your application for a Family Care Home operating certificate is hereby denied.

Sincerely,

Director _____ DDSOO

cc: [appropriate staff in DDSO]
Sponsoring Agency
Family Care Attorney, OPWDD Office of Counsel
opwdd.sm.family.care.review@opwdd.ny.gov