

[LETTERHEAD]

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

DATE

NAME
ADDRESS

Dear _____:

It is the decision of the Office for People With Developmental Disabilities, pursuant to Section 16.05 of the Mental Hygiene Law, to deny your application for an operating certificate to operate a Family Care Home at the above address. This decision is being taken after a careful review of your application by this office.

This action is based in part, but not limited to, the following finding(s):

You have the right to an administrative hearing to appeal this denial of your application for an operating certificate. You also have the right to be represented by an attorney at such a hearing. In order to have such a hearing you must request it in writing, within 30 days of your receipt of this letter, to:

General Counsel
NYS Office for People With Developmental Disabilities
44 Holland Avenue
Albany, New York 12229

Your written request for a hearing **must include a copy of this letter**. You should also submit a copy of your request to me. You have the right to have this hearing within 40 days of OPWDD's receipt of your written request.

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