

[LETTERHEAD]

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

DATE

NAME  
ADDRESS

Dear \_\_\_\_\_:

In accordance with section 16.17(b) of the Mental Hygiene Law, this letter constitutes formal notification that your operating certificate issued to you by the Office for People With Developmental Disabilities (OPWDD) for the provision of Family Care services at the above address has been temporarily suspended on an emergency basis effective **[date in bold]**. This action and the removal of the persons receiving services from your home on **[date in bold]**, is based upon a finding by OPWDD that there may exist in your home a condition or practice that poses imminent danger to the health or safety of such persons. If you would like to discuss this action, please contact [Family Care Coordinator name, title, phone number].

You have the right to an administrative hearing to appeal this temporary suspension of your 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 10 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 10 days of your written request.

Later determination: Section 16.17 (b) of the Mental Hygiene Law allows OPWDD to impose this temporary suspension for up to 60 days. Whether or not you choose to

have a hearing on the temporary suspension at this time, a determination will be made during this 60 day period whether to reinstate, suspend, limit or revoke your operating certificate.

Should it be determined during the 60-day period to suspend, limit or revoke your operating certificate, you will receive a separate notice of that determination, and you will have the right to have an administrative hearing to appeal that determination. Your right to such an appeal will not be affected by whether or not you ask for the more immediate hearing on the temporary suspension imposed by this letter. However, if you do have a hearing on any such determination to suspend, limit, or revoke, the temporary suspension would continue through the outcome of that hearing.

Sincerely,

\_\_\_\_\_  
Director \_\_\_\_\_ DDSOO \_\_\_\_\_

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