

[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 of our intent to revoke the 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.

This action is based in part, but not limited to, the findings of an investigation conducted by the [Office for People With Developmental Disabilities (OPWDD)] [NYS Justice Center] into the environment and conditions existing in your Family Care Home. As a Family Care Provider, you are responsible for the operation and management of your Family Care Home and for ensuring that all applicable laws and regulations are fully complied with in the operation of the Family Care Home (14 NYCRR 687.8(a)).

Our investigation revealed violations of the following regulatory requirements, including but not limited to:

14 NYCRR: _____

You have the right to an administrative hearing to appeal this proposed revocation of your operating certificate, prior to revocation. 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.

If you decide not to request a hearing, your operating certificate will be effectively revoked 30 days from your receipt of this letter.

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