

[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 (OPWDDs) intent to place a limit on the operating certificate issued to you by the OPWDD 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 in accordance with section 16.17 of the Mental Hygiene Law, this letter constitutes formal notification that the following limit is placed on your operating certificate:

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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](mailto:opwdd.sm.family.care.review@opwdd.ny.gov)