

[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 revoke your 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 operating certificate No: [NUMBER] is effectively revoked as of [DATE].

Please return the operating certificate to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)