



Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

THEODORE KASTNER, M.D., M.S.
Commissioner

ROGER BEARDEN, J.D.
Executive Deputy Commissioner

Sample/Draft Letter For Out Of New York State Moves For Willowbrook Class Members

Date

Mr. Correspondent's Name
ADDRESS

Dear Correspondent's Name:

This letter is to confirm that (CLASS MEMBERS NAME) is moving from his/her current home operated by (PROVIDERS NAME) and located at (REFLECT ADDRESS) to his/her new residence located at (REFLECT NEW ADDRESS/STATE). This move is expected to occur on (DATE).

\*\*(STATE REASONS WHY MOVE IS OCCURING)

Please be aware that (NAME) is a member of the Willowbrook class and as such he has certain entitlements under the Permanent Injunction. These entitlements are only effective while he/she is living in New York State, therefore when ( NAME) moves to (NAME OF STATE) he/she will no longer receive those entitlements under the Permanent Injunction. If, however, he/she decides to return to New York State to live, his/her entitlements will again be in effect.

(NAME) will no longer be receiving Care Management services provided by (NAME OF CCO). Enclosed you will find the necessary documents to withdraw (NAME) from services in New York State. Please sign on the designated lines and return to my office.

We wish (NAME) continued happiness living in (NAME OF STATE). If you have any further questions please feel free to contact me at XXX XXX XXXX

Sincerely,

Care Manager Name

- CC:
Individual File
MHLS
Residential/Day Program
Roberta Mueller, Plaintiffs Attorney
Antonia Ferguson, Executive Director Consumer Advisory Board
Lori Lehmkuhl, OPWDD Statewide Willowbrook Liaison
DDRO Willowbrook Liaison