



Date \_\_\_\_\_

Directions: Use this Response Form to notify OPWDD of your response to the Notice of Proposed Placement or Plan of Services under NYS Mental Hygiene Law §13.38(e).

Complete Part A if you wish to consent to the placement/services offered.

Complete Part B if you wish to object to the placement/services offered but do not wish to request an administrative appeal.

Complete Part C if you wish to object to the placement/services offered and request an administrative appeal.

You must return this Response Form to the following address within 30 days: Response to Proposed Placement or Services, Attn: Whitney Salters, Office of the Deputy Commissioner, NYS Office for People With Developmental Disabilities, 9 Wilbur Road, Thiells, N.Y. 10984

Name of individual for whom placement/services have been proposed with: \_\_\_\_\_ Agency name

\_\_\_\_\_  
Name

**PART A: CONSENT FOR SERVICES**

I have reviewed the Notice of Proposed Placement or Plan of Services and the materials provided with it, and I accept the offer of placement and/or services.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**PART B: OBJECTION** I have reviewed the Notice of Proposed Placement or Plan of Services and the materials provided with it. I DO NOT accept the offer of placement and/or services and I do not want an administrative appeal because: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**PART C: OBJECTION AND REQUEST FOR AN ADMINISTRATIVE APPEAL**

I have reviewed the Notice of Proposed Placement or Plan of Services and the materials provided with it. I DO NOT accept the offer of placement and/or services and I request an administrative appeal. I object to the offer of placement and/or services because: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

This information is being requested pursuant to Public Officers Law §§73 & 74 for the purpose of administering proposed placements under NYS MHL §13.38(e). This information will be maintained by the OPWDD Division of Service Delivery at OPWDD, 9 Wilbur Road, Thiells, NY 10984. For further information relating to the Personal Privacy Protection Law call (518) 474-7700.

For Internal use only: this form will be distributed to OPWDD Counsel's Office, the Community Transitions Unit, and the DDRO Coordinator:

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