*TEMPLATE LETTER TO BE USED WHEN SENDING TO CAB REQUESTING* ***FULL REPRESENTATION*** *ON BEHALF OF A WILLOWBROOK CLASS MEMBER*

Put on Agency Letterhead

 DATE

Ms. Antonia Ferguson

Executive Director

Consumer Advisory Board

1050 Forest Hill Road

Staten, Island, N.Y. 10314

RE: Class Members Name

Dear Ms. Ferguson,

Enclosed is a copy of the signed active representation form that I received from (class member’s name) (family member’s relationship/name). She/he is no longer able to provide the care, advocacy role and active representation for (class members name). She/he is requesting that the Consumer Advisory Board (CAB) now act as the correspondent for (class members name).

Please find attached a copy of (class member’s name) most current Psychosocial, Psychological, Annual Physical, and current Plan of Care. Should you require additional information please feel free to contact me at (XXX) XXX-XXXX extension XXX.

Sincerely,

Care Manager’s Name

Attachments

Signed Active Rep Response Form

Annual Plan of Care

Annual Physical

Psychological

Psycho-social

cc:

DDRO WB Liaison

Lori Lehmkuhl, Statewide OPWDD Willowbrook Liaison