*TEMPLATE LETTER TO BE USED WHEN SENDING TO CAB REQUESTING* ***FULL REPRESENTATION*** *ON BEHALF OF A WILLOWBROOK CLASS MEMBER WHEN* ***NO RESPONSE FROM CURRENT ADVOCATE***

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 certified letter that was mailed to (class member’s name) (family member’s relationship/name). We have been unsuccessful in receiving a response from (family member’s name) and are now requesting that the Consumer Advisory Board (CAB) step in to assume full representation for (class member’s name) to provide advocacy and active representation.

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

Certified Letter to Family

Annual Plan of Care

Annual Physical

Psychological

Psycho-social

cc:

DDRO WB Liaison

Lori Lehmkuhl, Statewide OPWDD Willowbrook Liaison