

*Letter of Notice*

**Letterhead from Provider Agency including address, phone number, and email contact info**

Date \_\_\_\_\_

Dear \_\_\_\_\_:

Please contact (Family Support Specialist) of (Provider agency) at (phone number(s)) at your earliest convenience regarding the continuation of supports and services for (client name) and your family.

(Family Support Specialist) has attempted to contact you three times, (dates), and has been unable to connect with you either through home visits and/or phone calls (insert any other types of attempts). Without this contact we are not able to plan for services or provide the services identified in your current service plan.

Please notify (Family Support Specialist) or (Provider agency) within ten (10) days of the date of this letter if you wish to continue supports and services for (client's name) under (insert specific program: Part C or Family Education and Support).

If you are not satisfied with the current service provider and would like to consider other possibilities, you must contact the Developmental Disabilities Regional Office at (insert Regional Office phone number) or by writing to: Regional Manager, DDP, (insert address).

If no response is received by (date), services and supports will end for (client's name).

Sincerely,

(Family Support Specialist or administrative personnel)  
(Provider agency)  
(address)  
(phone number)  
(email address)

CC: (Client's name) file  
(Regional office contact and title)