

Good Faith Belief Letter

[Insert Regional Center letterhead]

Date

Dear Insert Client or Authorized Representative Name,

Thank you for meeting with me on Click or tap to enter a date. about your insert name of service, frequency of service, for duration of service.

This letter is to explain the regional center's proposed decision. We are Choose an item. Enter name of service.

We are doing that because insert reason for the decision.

I believe you have agreed with this decision because Insert reason for good faith belief.

*OPTIONAL PARAGRAPH:*

Additionally, I would like to share the following information with you: Insert additional information or delete the paragraph.

If you agree with this decision, there is nothing further you need to do. If you wish to discuss this decision, please contact me.

If you do not agree with this decision, please contact me to obtain a formal written explanation called a "Notice of Action" (NOA). You also have the right to file an appeal about this decision using the attached appeal request form. That form also is available online here: <https://bit.ly/DDSAppealForm>. There are three parts to the appeal process. These parts are an informal meeting, mediation, and hearing. You can request any or all of them. You can change your choices later in the process, too. More information about the appeal process and your rights can be found at <https://bit.ly/AppealInfoPacket>.

You can get help understanding your appeal rights and filling out the appeal request form. You can get this help from me at [my phone number], or from the Office of the Ombudsperson at the Department of Developmental Services at: (877) 658-9731, or from your local advocate within the Office of Clients' Rights Advocacy at Insert CRA contact info .

I appreciate you working with me.

Sincerely,

Name of Sender

Title

Email Address

Phone Number

Attachment:

Appeals Request Form