Tus Qauv Tsab Ntawv Ncua Kev Siv Qhov Kev Txiav Txim Ntawm Kev Taug Xyuas Kev Ncaj Ncees

[Insert regional center logo, letterhead, etc.]

[Insert date]

Ncauj Lus: Qhov Kev Txiav Txim Ntawm Kev Taug Xyuas Kev Ncaj Ncees Zaum Kawg – [Insert case number, consumer name]

Nyob zoo [Insert consumer or authorized representative’s name] :

Cov chaw hauj lwm hauv cheeb tsam yuav tsum ua tej yam uas qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees zaum kawg tau teeb tseg tias kom ua kom sai li sai tau, thiab tsis pub dhau peb caug (30) hnub raws li Tsab Cai Hais Txog Kev Noj Qab Nyob Zoo thiab Chaw (Welfare & Institutions Code) Tshooj 4713.5. Yog tias lub chaw hauj lwm hauv cheeb tsam tsis tuaj yeem ua tau li hais ntawd nyob rau hauv 30 hnub vim yog cov xwm txheej tshwj xeeb, lub chaw hauj lwm hauv cheeb tsam yuav tsum qhia rau koj thiab Chav Hauj Lwm ntsig txog Kev Tsim Kho Cov Kev Pab Cuam (Department of Developmental Services, DDS). Lub hom phiaj ntawm tsab ntawv no yog los qhia rau koj paub tias peb tsis tuaj yeem ua tau txhua yam raws li qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees zaum kawg tau teeb tseg kom ua uas tsis pub dhau 30 hnub.

Qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees teeb tseg tias kom peb ua:

1. [Insert requirement of final hearing decision using numbered bullets for each requirement. Add more numbers if needed].

Peb tsis muaj peev xwm ua tau txhua yam raws li qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees zaum kawg tau teeb tseg kom ua uas tsis pub dhau 30 hnub. Tshwj xeeb tshaj yog, [Insert #s associated only with requirements in the final hearing decision that cannot be done within 30 days] nyob rau hauv qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees zaum kawg uas rau hnub tim [Insert date [Insert date , tsis tuaj yeem ua tau kom tiav tsis pub dhau 30 hnub.

Cov ntaub ntawv hauv qab yuav piav qhia txog lub laj thawj uas peb tsis tuaj yeem ua tau cov no kom tsis pub dhau 30 hnub.

Peb tsis tuaj yeem ua tau cov uas tau teev npe tseg nyob rau hauv [Insert #] vim cov xwm txheej tshwj xeeb txuas mus no: Click or tap here to enter text

Peb tau ua raws li cov kauj ruam no lawm uas yuav los ua zoo ua tej yam tau teeb tseg kom ua nyob rau hauv [Insert #]: Click or tap here to enter text.

Peb tab tom ua cov yam txuas mus no txhawm rau siv [Insert #]: Click or tap here to enter text.

Peb vam tias yuav ua cov kev hloov pauv uas qhov kev txiav txim ntawm kev taug xyuas kev ncaj ncees zaum kawg tau teeb tseg txuas mus no kom tiav tsis pub dhau:

* [Insert # of item on page 1 that cannot be implemented], los ntawm Click or tap to enter a date.
* [Replicate the row above for any additional items.]

Yog tias koj muaj lus nug dab tsi hais txog tsab ntawv no, los sis xav tau kev pab ua kom nkag siab nws, thov txuas lus rau [Name] ntawm [Phone number] los sis email ntawm [Email address].

Yog tias koj xav tau kev pab ntxiv, thov txuas lus rau lub Chaw Ua Hauj Lwm Txog Cov Kev Thov Kom Rov Qab Txiav Txim Dua thiab Cov Kev Daws Teeb Meem Hauv Zej Zog (Office of Community Appeals and Resolutions) ntawm 916-245-8220, los sis los ntawm email ntawm HearingImplementation@dds.ca.gov, los sis los ntawm kev sau kom tiav daim foos Kev Pab Kev Txiav Txim Kev Taug Xyuas Kev Ncaj Ncees hauv oos lais ntawm <https://www.surveymonkey.com/r/HearingImplementation-Consumers>.

Sau npe,

[Name of Sender]

[Title]

[Email Address]

[Phone Number]