

MAILING DATE

Individual's or Surrogate's Name

Address

Address

Dear [Name of Individual or Surrogate]:

This letter is to inform you of the eligibility determination decision for     (Name of Individual)    . All the documentation required to make this determination has been received by this office.

    (Name of Individual)     has been determined eligible for mental retardation services provided through     (Name of County MH/MR Program)    . The documentation showed that     (Name of Individual)     has a diagnosis of mental retardation and is eligible to receive mental retardation services based on County Program priorities and availability of funds.

A meeting to complete the registration process has been scheduled for     (date and time of meeting)    . As part of that meeting, you will be given an opportunity to select a Supports Coordination Organization to help coordinate     (Name of Individual)    's services. After the registration process is complete, a copy of     (Name of Individual)    's file will be provided to the chosen Supports Coordination Organization. A Supports Coordinator will be assigned at that time.

Please contact me if you have any questions regarding this letter. I may be reached by telephone at     (Telephone Number)    .

Sincerely,

Name

Intake Officer

County MH/MR Program

cc: Individual's File  
Individual's Surrogate [if applicable]  
Intake Supervisor