

MAILING DATE

Individual's or Surrogate's Name  
Address  
Address

Dear [Name of Individual or Surrogate]:

In letters dated     (Date of 1st Letter)     and     (Date of Follow-up Letter)    , you were informed of the specific documentation and information that this office needs to determine eligibility for mental retardation services for     (Name of Individual)    . As of the date of this letter, this office has not received the required documents.

Without all of the required information, no determination of eligibility could be made. As a result, this office has discontinued the intake and registration process for     [Name of Individual]    . All of the information that was provided to this office will remain on file.

In the event that the required documentation becomes available in the future, please contact this office to continue with the intake and registration process. If you have any questions regarding the required documentation or the process of determining eligibility, please contact me at     (Telephone Number)    .

Sincerely,

Name  
Intake Officer  
County MH/MR Program

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