

10-Day Letter to Client

Date: _____

To: _____

RE: NOTICE OF DISCHARGE

This is to inform you that you will be discharged from our program unless you contact us within ten (10) days.

The reason for this possible discharge is: _____

According to Title 22, Section 50953, you have a right to a fair hearing to appeal this action. You may request such a fair hearing by sending a written request to:

Department of Social Services
State Hearings Division
P.O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430

Oral requests should be directed to:

Telephone: 1-800-952-5253 / TDD: 1-800-952-8349

You have the right to continue treatment services pending a fair hearing decision, if you request an appeal in writing within ten (10) days of the mailing of this discharge notice.

We look forward to hearing from you!

Printed Staff Name: _____

Staff Signature: _____