(Date)

(Guardian Address)

 RE: (Resident)

Dear (Guardian):

 This letter is to inform you that (Agency) received your appeal letter for an extension of discharge for your son, (Resident name), on (Date). An extension of an additional 60 days to allow time to find appropriate placement for \_\_\_ has been approved. The additional 60 days will extend the date until (Date). If placement has not been secured by (Date), then you have the right to request an appeal for additional time. We intend to work with you and Franklin County DD for the time period necessary for \_\_\_\_\_ to find appropriate residential placement. It is imperative \_\_\_\_\_ treatment team and you continue to work together to ensure that his needs are met, without putting his peers and \_\_\_\_\_ staff in undo danger of being harmed. All decisions will be made with input from the team and yourself, with the intent to provide the best care for \_\_\_\_\_.

 You have the right to appeal this decision and to contact Ohio Legal Rights at (614) 466-7264, 8 East Long Street 5th Floor, Columbus, Ohio 43215. Any additional requests for information should be directed to my attention at (Agency name and address).

Sincerely,

CC: