



# State of Connecticut

# Department of Developmental Services

**SAMPLE NOTICE OF INTENT TO TRANSFER**

**DATE**

**NAME AND ADDRESS**

RE: Notice of Intent to Transfer

Dear **NAME OF INDIVIDUAL OR LEGAL REPRESENTATIVE**:

As you may be aware, a residential transfer is being planned for **NAME OF INDIVIDUAL***.* The planned transfer to **NAME AND ADDRESS OF RESIDENCE** involves moving from a residential facility that is operated, licensed, or funded by DDS to another residential facility that also is operated, licensed, or funded by DDS. The date of the proposed transfer is **DATE OF PROPOSED TRANSFER**. It has been determined by the Commissioner of Developmental Services, in consultation with the individual’s Planning & Support Team and DDS regional staff, that this move will be in the best interest of **NAME OF INDIVIDUAL**. State statute requires DDS to inform you of this planned transfer, even if you have been involved in the planning process, and to let you know that you have the right to object to the planned transfer.

Pursuant to section 17a-210(b) of the Connecticut General Statutes, you have the right to object to the transfer of **NAME OF INDIVIDUAL**. If you object to the proposed transfer, you have 10 days after the date of receipt of the certified letter containing this Notice of Intent to Transfer to return the Objection to Transfer form enclosed. Complete the Objection to Transfer form and return it to **NAME OF CASE MANAGER**, **ADDRESS OF CASE MANAGER**. Upon receipt of your Objection to Transfer, a hearing will be scheduled on the objection to the proposed transfer, which shall be conducted in accordance with the provisions of Chapter 54 of the Connecticut General Statutes. If requested, the department will endeavor to schedule a date and time for the hearing, which is convenient for you. **NAME OF INDIVIDUAL** will not be moved pending the outcome of the hearing.

If you would like assistance, Disability Rights Connecticut (DRCT) is available to help you. You may contact this office by telephone at (860) 297-4300 or (800) 842-7303, by email at [info@DisRightsCT.org](mailto:info@DisRightsCT.org), or in writing to DRCT, 846 Wethersfield Avenue, Hartford, CT 06114.

Sincerely,

Case Manager

Regional Director, or Director’s designee