

Instructions for Reviewer:

Copy the text below, insert into an e-mail and change review information in the highlighted areas.

Date: **XXX**

RE: Compliance Review

Name of Provider: **Provider Name**

Provider/Facility Number: **Enter Number**

County: **County of Review**

SSA Director Name,

This email serves as notification that **Provider Name** will have a compliance review conducted by the Ohio Department of Developmental Disabilities/Office of Provider Standards and Review on **Review Date**.

Name(s) of the individual(s) selected for the review sample:

- 1.
- 2.
- 3.

Please provide any input you may have related to the services provided to each individual in the review sample.

Please respond to this email with concerns about communication with the provider, negative outcomes from monitoring or other reviews, unmet needs, the condition of the individual(s) home or living environment and any other concerns or comments you have regarding the provider's services.

If you have information to share please respond to this email 30 days prior to the review date listed above.

If you have any questions, please contact me using the information below.

Thank you,