



Katie Hobbs
Governor

Michael Wisehart
Director

Date:

Hello

I am reviewing your Division of Developmental Disabilities case file. I am writing to ask if you have any updated records that should be added to _____ file. Please contact me at _____ or my Supervisor _____ if you would like to report changes to any of the

following items:

- Medical Records
- School Records (IEP, MET, Evaluations, etc.)
- Therapy Evaluations
- Behavioral Health Records
- Contact Information
- Guardianship

Please also contact me if you would like to request a voluntary withdrawal from DDD or if you have any other questions or concerns.

If there are no changes to report at this time, no action is needed. If we do not hear from you, we will assume you do not need to update your file or other assistance.

Sincerely,

For available community resources:

<https://des.az.gov/services/disabilities/developmental-disabilities/community-resources>

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local