

Office of Provider Standards & Review

John R. Kasich, Governor
John L. Martin, Director

2012

Name
Address
City, Ohio Zip

RE: Compliance Review
County:

Dear ,

This letter will serve as notification that **PROVIDER** will have a review conducted by the Ohio Department of Developmental Disabilities on **Date**.

Enclosed you will find the Sample Key which includes the names of individuals who have been selected for the review and the SSA Questionnaire that will need to be completed and returned to the reviewer by **Date**.

Please submit the SSA Questionnaire(s) to:

Your.name@dodd.ohio.gov

If you have questions contact me at **Enter phone number**.

Sincerely,

NAME. Review Specialist
Office of Provider Standards and Review