



March, 22nd, 2017

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FINAL NOTICE OF INTENT TO TERMINATE RESIDENCY

RESIDENT'S NAME: Juli Straehle

AGENCY: WellLife Network

PROGRAM: Island house – CR/SRO

DATE: 3/22/17

This is to inform you that this program intends to terminate your residency for the following reason:

- ☐ Your medical or psychiatric status requires a level of care other than the program in which you currently reside.
- ☐ Your capacity for self-preservation requires a level of care other than the program in which you currently reside.
- ☒ You failed to meet your residential responsibilities.

EXPLANATION: __ As of Mar. 13th, 2017, your program fee is in arrears to the amount of \$3,890.50. This does not include this month's rent of \$595.00. Since the date of your arrival (DOA) on 6/26/15, we only receive your SSP benefits to the amount of \$435.00 each month. You are in receipt of your SSI check of \$ 733.00 monthly but you continue to refuse to pay \$160.00 per month towards your program fee.

PROCESS FOR CORRECTING THE SITUATION:

Ms. Straehle is expected to pay the balance of her program fee as of the above mentioned (DOA) and all subsequent program fees. Ms. Straehle will meet with her Case Manager and Program Manager to pay her arrears of an additional \$50.00 with no interruptions in payments. Ms. Straehle can allow PSCH to become her Representative Payee or identify and establish your own payee.



ANY ALTERNATIVE RESIDENTIAL AND SERVICE OPTIONS:

Staff will assist you with the completion of a SPA application to apply for alternative housing. Staff will also seek housing on your behalf through local apartment ads and internet services.

You have the right to submit a written objection to this notice to the Director of the Office of Mental Health Field Office. If you submit an objection, the Field Office will review your case and will give you an opportunity to meet with a representative of that office. You have the right to be assisted by an advocate of your choice. The notice must be mailed, within five (5) days of the date of this notice, to:

Director: Dr. Martin Carlin

Field Office: Office of Mental Health

Address: 9987 Crooked Hill Road, West Brentwood, NY, 11717

Phone: 631-761-2508
