

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Notice of Insufficient Information

APPLICANT NAME AND ADDRESS

LEGAL REPRESENTATIVE NAME AND ADDRESS

Dear _____ :

DDA received your "Request for DDA Eligibility Determination" on _____ .

To date, DDA has not yet received the requested information from the following source:

You may want to follow-up with this person / agency to ensure that the information is sent to DDA within the next thirty (30) days because an eligibility determination will be made at that time based on the information we have received.

If there will be a delay in our getting this information or if there are additional sources of information not included in your original request, please contact me.

Yours truly,

NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
------	------------------	----------------