**PUNS Cover Letter**

SCOs are authorized to make only the modifications necessary to print this letter on their letterhead and to the identification of the role of who signs.

Date:

Dear Mr./Ms. [Individual’s Last Name]:

As a result of our meeting held on [date of PUNS meeting], we have developed/updated the Prioritization of Urgency of Need for Services (PUNS) form for [name of individual]. This PUNS form should accurately reflect your current or anticipated need for services based on information you/your family provided to [name of SC entity]. This form will be updated with you/your family anytime your needs change, and at least annually. The information provided is used by the County MH/ID Program/Administrative Entity (AE) to plan for the delivery of your service as well as prioritization of waiver enrollment. Should your situation change, please notify me as soon as possible to initiate a revision to your PUNS form.

If you do not agree with the information included on this PUNS form, please note your concerns on the PUNS Disagreement Form which is included and return it to me within 10 calendar days of receipt of this letter. Your PUNS Disagreement Form will be reviewed in attempt to resolve your concerns. After the receipt of the PUNS Disagreement Form, your County MH/ID Program/AE representative will contact you to further discuss your concerns. If resolution cannot be achieved, you may utilize the county’s dispute resolution process. The information on your PUNS form itself cannot be formally appealed through the Department of Human Services’ Bureau of Hearings and Appeals process.

If you have any further questions, please contact [name of SC], Supports Coordinator, at [phone number of SC].

Sincerely,

[SCO Designee]