

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING



Date _____

Notification of Initial Application Denial

You are hereby advised that your application dated/received _____, for licensure of a _____ located at _____ is denied.

The denial of your application is based upon your failure to provide satisfactory evidence that you can meet or conform to licensing requirements as outlined in the Health and Safety Code, Chapter 3, commencing with 1500; Chapter 3.3, commencing with 1569; or Chapters 3.4, 3.5 and 3.6, commencing with 1596; and, the California Code of Regulations, Title 22, Sections 87340, 87840, 101205, or 102401.

You have demonstrated the inability to comply with statutes and/or regulations which include, but are not limited to the following: (list section numbers, subject and briefly explain)

As indicated in Sections 1526, 1569.22 and 1596.879 of the Health and Safety Code, an applicant may present a written petition for a hearing within 15 days after the licensing agency mails denial notice to the applicants. This appeal should include such identifying information as facility name, facility number and facility address. (The applicant must send/return appeal request **and a copy of this denial letter** to the office listed below:

Licensing Agency information

Pending adoption by the Department of Social Services of the decision of this denial action, you are prohibited by law from operating the facility.

Regional Manager or County Equivalent

cc: Placement Agencies
Parents