VERMONT
Agency of Human Services
Department of Disabilities, Aging & Independent Living

804A

Termination of Services

*Completed by provider reporting the Program **termination** of Choices for Care (CFC) or Brain Injury Program (BIP) services.*

Individual Name:_____

Address *(only if changed)*:_____

DOB:_____ SSN:_____

Current Setting

- ☐ Home-Based (Traditional)
- ☐ Flexible Choices
- ☐ Nursing Home
- ☐ Brain Injury Program Home Based
- ☐ Enhanced Residential Care
- ☐ Adult Family Care
- ☐ Hospital Swing Bed
- ☐ Brain Injury Program Shared Living

Termination Date:_____

- ☐ Died
- ☐ Permanent move out of State
- ☐ Brain Injury Program – Graduation
- ☐ Other:_____
- ☐ Voluntary Withdrawal *(A notice with appeal rights will be provided if signature of Participant or Authorized representative is not included)*

➢ ***I agree that I am voluntarily withdrawing from Choices for Care or the Brain Injury Program. I understand that I may reapply at any time.***

_____ Date:_____

Signature of Participant or Authorized Representative

Completed by:_____ Agency:_____

Phone:_____ Email:_____ Provider ID#:_____

Send to:

- ☐ ADPC – 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514 **AND**
- ☐ DAIL: Local Nurse (DAIL Database or Email) or Fax (802) 241-0385 **AND**
- ☐ ARIS – *Only For home-based consumer/surrogate directed, or Flexible Choices*

804A – PROGRAM TERMINATION OF ENROLLMENT INSTRUCTIONS

This form is used to report Program **termination** of Choices for Care (CFC) or Brain Injury Program (BIP) for active CFC or BIP participants receiving Home-Based, ERC, Adult Family Care, Brain Injury Program shared living, Flexible Choices, Hospital Swing Bed or Nursing Facility. If an individual terminates or voluntarily withdraws from CFC or BIP, it is the responsibility of the current provider to notify the ADPC and the DAIL Nurse.

When this form is used:

- ❖ To report Program termination of CFC or BIP for active CFC or BIP participants receiving Traditional Home-Based, ERC, Hospital Swing Bed, Nursing Facility, Adult Family Care, BIP Shared Living or Flexible Choices
- ❖ DO NOT USE this form for when a participant moves/transitions from one setting to another within the program.

Who completes this form:

- Choices for Care Case manager (AAA & HHA)
- Flexible Choices Advisor
- Authorized Agency (AA) for Adult Family Care
- Enhanced Residential Care (ERC) Provider
- Nursing Home
- Hospital Social Worker
- Brain Injury Program Case Manager/Provider Agency

How to complete the 804A form:

1. Complete the Individual's name, Address, SS# or MID, Date of Birth
2. Current Setting: Check the box of where the individual is currently receiving services
3. Termination:
   - **a.** Fill in the effective Date of Termination of services
   - **b.** Check the box for the reason for the termination of services
   - **c.** Check the Voluntary Withdrawal box if the individual is withdrawing services by their choice
   - **d.** The individual must sign the form if Voluntarily withdrawing
4. Fill in the name of the Person filling out the 804 A form and contact information

Where to submit the 804A form:

DAIL Database Users: Send DAIL Database Alert to Local Nurse when form is completed. To request a contact list, call DAIL-Adult Services Division (802) 241-0294. Email or Fax completed form to (802)-241-0385

AND

ADPC (Application and Document Processing Center):
280 State Drive Waterbury, VT 05671-1500
Fax *(802) 241-0514*