

Choices For Care
Termination of Services Form

Completed by provider reporting the **termination** of CFC services

Individual Name: _____

Address (only if changed): _____

DOB: _____ SSN: _____

Current Setting

Home-Based (Traditional)

Enhanced Residential Care

Flexible Choices

Adult Family Care

Nursing Home

Hospital Swing Bed

Termination

Date: _____

Died

Permanent move out of state

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. I understand that I may reapply at any time.

 Signature of Participant or Authorized Representative

Date: _____

Completed by: _____

Email: _____

Phone: _____

Agency: _____

Provider ID#: _____



Send to: ADPC: 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514 **AND**

DAIL: Local LTCCC (SAMS or Email / Fax) CALL 802-241-0294 For Contact List **AND**

ARIS: *Only For home based consumer/surrogate directed, or Flexible Choices*