

This form is for participants who are to be terminated, suspended or transitioning to another agency for services from the Moderate Needs program.

If the participant is receiving services and only ending a service, please use CFC/MOD 903 Service Request Form to request changes.

Name: \_\_\_\_\_  
Last
First
Middle Initial

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

As of \_\_\_\_\_, Moderate Needs services or application procedures were ended for the individual named above, for the following reason: **(check one below)**

**Termination** (Termination date is the day before the start date of the new Service plan)

Individual died.

Individual moved to another state.

Individual enrolling onto Choices for Care Highest/High Needs Group. (please check one)

Nursing Facility

ERC

Home Based

AFC

Individual transitioning to different agency for services. New Agency: \_\_\_\_\_

Other: \_\_\_\_\_

**Voluntary Withdrawal**

Individual voluntarily withdrew from Moderate Needs services or application procedures.

Reason: \_\_\_\_\_

**I agree that I am voluntarily withdrawing from the Choices for Care Moderate Needs Program. I understand that I may reapply at any time.**

Participant/Legal Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A notice with appeal rights will be provided if Participant or Legal Rep signature is not included.*

**For Case Management Agency Use Only**

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_