DSHS
WASHINGTON STATE Department of Social and Health Services

Developmental Disabilities Administration (DDA)

Notice of Termination of Service

Provider's Name	P1 Number	Date of Notice
Provider's Contact Person and Title		Provider's Phone Number
Provider's Signature Administration has been consulted: ☐ Yes ☐ No		Date Signed

Client Information

Client's Name	Client's ADSA ID Number	Client's Phone Number
Legal Representative's Name or Necessary Supplemental Accommodation (NSA)		Legal Representative's / NSA Phone Number

Region	Provider has complied with DDA Policy 4.24, Critical Case Team Meeting (GH / GTH – N/A)	Date of Notice to Client / Legal Representative

Date Provider first notified CRM of support challenges .....

Date identified as critical case (GH / GTH – N/A).....

Date of Critical Case Team meeting (GH / GTH – N/A.....

Date of service termination .....

Reason for Termination

- ☐ The provider cannot meet the client's needs.
- ☐ The client's safety or the safety of other individuals in the residence is endangered.
- ☐ The client's health or the health of other individuals in the residence is endangered.
- ☐ The provider ceases to operate.

Circumstances Leading to Termination

Explain the circumstances that led to termination of the client's services. Explanation must include steps taken to preserve placement prior to notice.

Other Factors (select all that apply)

- ☐ Client experienced a change in medical condition that the provider can no longer support
- ☐ Client experienced a change in behavioral health condition that the provider can no longer support
- ☐ Service needs of the client exceed the ability of the provider
- ☐ The provider is unable to meet contractual, certification, or employment requirements due to factors outside of the provider's control.
- ☐ Certification or license for the provider is suspended, revoked, not renewed, voluntarily surrendered, or is in jeopardy.
- ☐ Client's loss of housing
- ☐ Other (describe):

Provider Modification to Notice

Date notice is rescinded:	New termination date:

Copies to: Client File; Provider; DDA RM