

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				ADMINISTRATOR HAS BEEN CONSULTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE SIGNED					
Client Information					
CLIENT'S NAME			CLIENT'S ADSA ID NUMBER		CLIENT'S PHONE NUMBER
LEGAL REPRESENTATIVE'S NAME (IF APPLICABLE)				LEGAL REPRESENTATIVE'S PHONE NUMBER	
REGION	PROVIDER HAS COMPLIED WITH DDA POLICY 4.24, CRITICAL CASE PROTOCOL <input type="checkbox"/> Yes <input type="checkbox"/> No			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					
<input type="checkbox"/> The provider cannot meet the client's needs. <input type="checkbox"/> The client's safety or the safety of other individuals in the residence is endangered. <input type="checkbox"/> The client's health or the health of other individuals in the residence is endangered. <input type="checkbox"/> 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)					
<input type="checkbox"/> Client experienced a change in medical condition that the provider can no longer support <input type="checkbox"/> Client experienced a change in behavioral health condition that the provider can no longer support <input type="checkbox"/> Service needs of the client exceed the ability of the provider <input type="checkbox"/> The provider is unable to meet contractual, certification, or employment requirements due to factors outside of the provider's control. <input type="checkbox"/> Certification or license for the provider is suspended, revoked, not renewed, voluntarily surrendered, or is in jeopardy. <input type="checkbox"/> Client's loss of housing <input type="checkbox"/> Other (describe):					
Provider Modification to Notice					
Date notice is rescinded:			New termination date:		

COPIES TO: Client File; Provider; DDA RM