



Wyoming
Community Choices
Home and Community Based Service Waivers

Notice of Termination

Date: _____

To: _____

It has been determined that you are no longer eligible for Waiver services due to the reason(s) stated below:

- _____ Un-safe situation

- _____ Non-compliance with care plan _____
- _____ Loss of Medicaid eligibility _____
- _____ Other _____

**Termination from Waiver services may affect your Medicaid eligibility.
Check with the Medicaid Long Term Care Financial Eligibility office.
You may re-apply for Medicaid Waiver services in the future, if your circumstances or eligibility change.**

Case Manager Signature

Date