



Wyoming  
Community Choices  
Home and Community Based Service Waivers

**Change of Case Management Agency**

As a participant of the Community Choices Waiver program, I can change Case Management agencies as warranted. I am choosing to change the agency that will provide my Case Management.

**I, (Print name) \_\_\_\_\_ have reviewed all the Case Management Agency options in my area and have chosen to switch from the following Agency:**

\_\_\_\_\_  
Print **current** Case Management agency name and phone number

**To the Agency listed below:**

\_\_\_\_\_  
Print **new** Case Management agency name and phone number

**Form received from what agency** \_\_\_\_\_  
(i.e.: Public Health Nursing, Current case manager, etc)

**Participant Physical Address** \_\_\_\_\_

**Participant Phone** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_  
(Required if signature is marked with an "X")

**Agency Acknowledgement of Change**  
Both agencies must sign and date document

**Current Case Manager**

**New Case Manager**

\_\_\_\_\_  
**Agency Signature**                      **Date**

\_\_\_\_\_  
**Agency Signature**                      **Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Assigned Case Manager**

\_\_\_\_\_  
**Assigned Case Manager**