



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")
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