

Community Choices Waiver Change of Case Management Agency Form



As a participant of the Community Choices Waiver program, I have the right to change case management agencies at any time. I, _____
(Print Participant name)

have selected the following agency to provide my case management services, effective _____
(Date agency change will take effect)

New case management agency: _____

Agency phone number: _____

A change in case management agency must occur on the first of the month to avoid disruption of services. If there are extenuating circumstances that require a change at a time other than the first of the month, please provide an explanation below:

Participant Signature: _____

Witness Signature: _____
(Required if signature is marked with an "X")

Agency Acknowledgement of Change

Both agencies must sign and date this document. If the effective date is a date other than the first of the month, it is the responsibility of the outgoing and incoming agencies to determine which agency will bill for the month.

Outgoing Case Management Agency

Name: _____

Agency Representative Signature Date

Agency Representative Printed Name

Assigned Case Manager

Incoming Case Management Agency

Agency Representative Signature Date

Agency Representative Printed Name

Assigned Case Manager