

Community Choices Waiver Change of Case Management Form



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

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

New case management agency or case manager: _____

Agency or case manager phone number: _____

A change in case management generally occurs on the first of the month. 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/LAR: _____

Witness Signature: _____

(Required if signature is marked with an "X")

Acknowledgement of Change

Both agencies or case managers 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 case managers to determine how many 15-minute units each case manager will bill for that month.

Outgoing Case Management

Incoming Case Management

Agency Representative or Case Manager Signature Date

Agency Representative or Selected Case Manager Signature Date

Agency Representative or Case Manager Printed Name

Agency Representative or Case Manager Printed Name

Assigned Case Manager

Assigned Case Manager