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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Notice of Termination of Service** | | | | | | |
| PROVIDER’S NAME | | | P1 NUMBER | | | DATE OF NOTICE | |
| PROVIDER’S CONTACT PERSON AND TITLE | | | | | | PROVIDER’S PHONE NUMBER | |
| PROVIDER’S SIGNATURE ADMINISTRATOR HAS BEEN CONSULTED:  YES  NO DATE SIGNED | | | | | | | |
| **Client Information** | | | | | | | |
| CLIENT’S NAME | | | CLIENT’S ADSA ID NUMBER | | | CLIENT’S PHONE NUMBER | |
| LEGAL REPRESENTATIVE’S NAME (IF APPLICABLE) | | | | | | LEGAL REPRESENTATIVE’S PHONE NUMBER | |
| REGION | PROVIDER HAS COMPLIED WITH DDA POLICY 4.24, CRITICAL CASE PROTOCOL  Yes  No | | | | | DATE OF NOTICE TO CLIENT / LEGAL REPRESENTATIVE | |
| DATE PROVIDER FIRST NOTIFIED CRM OF SUPPORT CHALLENGES | | DATE IDENTIFIED AS CRITICAL CASE (GH / GTH – N/A) | | | DATE OF CRITICAL CASE TEAM MEETING (GH / GTH – N/A) | | DATE OF SERVICE TERMINATION |
| REASON FOR TERMINATION  The provider cannot meet the client’s needs.  The client’s safety or the safety of other individuals in the residence is endangered.  The client’s health or the health of other individuals in the residence is endangered.  The provider ceases to operate. | | | | | | | |
| CIRCUMSTANCES LEADING TO TERMINATION:  Explain the circumstances that led to termination of the client’s services. Explanation must include steps taken to preserve placement prior to notice. | | | | | | | |
| OTHER FACTORS (SELECT ALL THAT APPLY)  Client experienced a change in medical condition that the provider can no longer support  Client experienced a change in behavioral health condition that the provider can no longer support  Service needs of the client exceed the ability of the provider  The provider is unable to meet contractual, certification, or employment requirements due to factors outside of the provider’s control.  Certification or license for the provider is suspended, revoked, not renewed, voluntarily surrendered, or is in jeopardy.  Client’s loss of housing  Other (describe): | | | | | | | |
| **Provider Modification to Notice** | | | | | | | |
| Date notice is rescinded: | | | | New termination date: | | | |