



REQUEST FOR REMOVAL FROM INTELLECTUAL/DEVELOPMENTAL DISABILITY (I/DD) SERVICES

Table with 4 columns: NAME, KAMIS #, GUARDIAN, D.O.B., SSN, WAIT LIST DATE. Includes instructions like 'Click or tap here to enter text' and 'Click or tap to enter a date'.

CURRENT SERVICES:

- TCM DAY RESIDENTIAL PCS WAIT LIST NO SERVICES

Dear Consumer and/or Guardian:

You have requested to be removed from one or more services from the Home and Community Based Services Intellectual/Developmental Disability Waiver (HCBS I/DD Waiver). This form is used to document your decision to be removed from the services you identify below. The services you currently receive are listed above.

If you wish to terminate one or more services and/or wish to be removed from the entire HCBS I/DD Waiver system, please check the applicable options listed below that you wish to terminate, sign and date at the bottom of the form and return to SDSI. Your request will become effective when SDSI receives and processes this form. If you have any questions, please contact SDSI at the contact numbers listed below.

I REQUEST FOR MYSELF OR MY WARD TO BE REMOVED FROM:

- TCM DAY RESIDENTIAL PCS WAIT LIST ENTIRE SYSTEM

I understand that by signing below I am choosing to remove the individual listed above from the services I have checked. I understand that if I choose, either for myself or my ward, to be removed from the entire I/DD System, that I will need to re-apply for HCBS I/DD Waiver eligibility should services be requested in the future.

Print Name: _____

Signature: _____ Date: _____

CDDO Signature: _____ Date: _____

Revised 5/18/2020