



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

Table with 4 columns: NAME, KAMIS #, GUARDIAN, D.O.B., SSN, WAIT LIST DATE. Each cell contains a text input field with a placeholder.

CURRENT SERVICES:

- checkbox TCM checkbox DAY checkbox RESIDENTIAL checkbox PCS checkbox WAIT LIST checkbox 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:

- checkbox TCM checkbox DAY checkbox RESIDENTIAL checkbox PCS checkbox WAIT LIST checkbox 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 10/03/2023