
C. Notice of Action TakenYou will be able to receive the service which is marked "Yes" beginning $\qquad$ throuah $\qquad$After $\qquad$ You will not be able to receive the service which is marked No" because $\qquad$
$\qquad$ The policy we followed is found $\qquad$The service which is marked "Change" which you have been receiving will be $\qquad$You will have to pay a fee for following services:You have agreed to contribute to the cost of the following services:
Service $\qquad$ Fee Amount $\qquad$ per $\qquad$ starting $\qquad$
D. Purchase of Service

The provider is authorized / no longer authorized to claim reimbursement for $\qquad$ Beginning Provider $\qquad$ Provider ID $\qquad$ Client Address: $\qquad$ Funding source(s) $\qquad$ Client Phone:

The provider is responsible for collecting the consumer contribution:
Amount $\qquad$ per $\qquad$ Starting $\qquad$ INCOME TYPE
$\qquad$
F.

Social Worker's Signature $\qquad$ Date $\qquad$ NO. IN INCOME E UNIT
G. If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information.
Date of signature
$\qquad$ Signature $\qquad$ Witness $\qquad$ COMMENTS:

DECLARATION METHOD VERIFICATION METHOD


