

Self-Directed Service Termination Form

This form is completed when a Support Broker or Fiscal Intermediary (FI) service is being discontinued by the Self-Direction Participant, the Support Broker or the FI. This form does not remove authorization of the actual service from the Self-Direction Participant's self-direction budget or Life Plan.

Name of Self-Direction Participant:			
Mailing Address:			
Telephone:		Email:	
Support Broker Information			
Name of Support Broker:		Authorization Number:	
Mailing Address:			
Telephone:		Email:	
Fiscal Intermediary (FI)			
Name of Fiscal Intermediary (FI):			
Mailing Address:			
Telephone:		Email:	
For completion by person requesting termination			
Participant/Designee		Support Broker	
Participant/Designee		Fiscal Intermediary	
Requested date of termination:		Service being terminated:	
		Support Brokerage	
		Fiscal Intermediary	
Name of Person being terminated:			
Title:			
*On the second page, please explain your reason for terminating Support Brokerage/Fiscal Intermediary services.			
For completion by the Support Broker (if support brokerage is the service being terminated)			
Original Broker Agreement effective date:			
Last day service was provided to this individual:			
Were you providing start-up brokerage to this participant?		Yes No	
If yes, please indicate below the amount expended from the total budgeted start-up brokerage amount.			
Original agreement dollar amount:			
Dollars Expended:			
Remaining agreement dollar amount:			
Signatures: (After signing, please send to the DDRO Self-Direction Liaison.)			
By signing this document, I agree to terminate this provider and that I (the Self-Direction Participant) will inform them in advance and notify my Fiscal Intermediary, Care Manager, and Self-Direction Liaison. I understand that I need to complete outstanding paperwork for this provider for services delivered prior to this termination.			
Self-Direction Participant/Designee Signature (required):		Date	
Service Provider Signature (required):		Date	
If signature is not obtainable, please indicate why in the space below:			
DDRO Attestation			
The signature of the DDRO Self-Direction Liaison indicates that the DDRO supports this termination.			
DDRO			
Name of the DDRO Self-Direction Liaison			
Signature of DDRO Self-Direction Liaison		Date	

Explanation for Wanting to Terminate Self-Directed Services

Briefly explain why you are requesting to terminate the agreement for Support Brokerage/Fiscal Intermediary services with this person/agency.

Instructions for distribution by DDRO Self-Direction Liaison

Before sending out this termination form, make sure all requested information has been provided and all parties have signed and dated the form.

- ☐ Send the first page only to the FI and the Support Broker/Support Broker provider agency.
- ☐ Send copy to the Self-Direction Participant/Designee. (If Participant is requesting the termination include page 2)
- ☐ Upload a copy of the termination form (including second page) to the Central Office SharePoint. Use the following naming convention:

T_LASTNAME,FIRSTNAME-SDBUDGET-19