DAIL- Adult Services Division

Termination of Services Form (CFC 804A)

*Completed by provider reporting the **termination** of CFC or Brain Injury Program services.*

Individual Name: _____

Address *(only if changed)*: _____

DOB: _____ SSN: _____

Current Setting

- ☐ Home-Based (Traditional)
- ☐ Flexible Choices
- ☐ Nursing Home
- ☐ Brain Injury Program Home Based
- ☐ Enhanced Residential Care
- ☐ Adult Family Care
- ☐ Hospital Swing Bed
- ☐ Brain Injury Program Shared Living

Termination Date: _____

- ☐ Died
- ☐ Permanent move out of State
- ☐ Brain Injury Program -Graduation
- ☐ Other: _____
- ☐ Voluntary Withdrawal *(A notice with appeal rights will be provided if signature of Participant or Authorized representative is not included)*

I agree that I am voluntarily withdrawing from Choices for Care or the Brain Injury Program. I understand that I may reapply at any time.

_____ Date: _____

Signature of Participant or Authorized Representative

Completed by: _____ Date: _____

Email: _____ Phone: _____

Agency: _____ Provider ID#: _____

Send to:
- ☐ ADPC, 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514 **AND**
- ☐ DAIL: Local Nurse (SAMS or Email / Fax) CALL 802-241-0294 For Contact List **AND**
- ☐ ARIS: *Only For home based consumer/surrogate directed, or Flexible Choices*

804A FORM: TERMINATION OF SERVICES

This form is used to report **termination** of CFC or Brain Injury Program (BIP) services for active CFC or BIP participants receiving Home-Based, ERC, Adult Family Care, Brain Injury Program shared living, Flexible Choices, Hospital Swing Bed or Nursing Facility services. If an individual terminates services or voluntarily withdraws from CFC or BIP services, it is the responsibility of the current provider of services to notify the ADPC and the DAIL Nurse.

When this form is used:

- To report termination of CFC or BIP services for active CFC or BIP participants receiving Traditional Home- Based, ERC, Hospital Swing Bed, Nursing Facility Services, Adult Family Care, BIP Shared Living or Flexible Choices

Who completes this form:

- Choices for Care Case manager (AAA & HHA)
- Flexible Choices Advisor
- Authorized Agency (AA) for Adult Family Care
- Enhanced Residential Care (ERC) Provider
- Nursing Home
- Hospital Social Worker
- Brain Injury Program Case Manager/Provider Agency

How to complete the 804A form:

1. Complete the Individual's name, Address, SS# or MID, Date of Birth
2. Current Setting: Check the box of where the individual is currently receiving services
3. Termination:
    a. Fill in the effective Date of Termination of services
    b. Check the box for the reason for the termination of services
    c. Check the Voluntary Withdrawal box if the individual is withdrawing services by their choice
    d. The individual must sign the form if Voluntarily withdrawing
4. Fill in the name of the Person filling out the 804 A form and contact information

Where to submit the 804A form:

DAIL (Disabilities, Aging and Independent Living) LTCCC Nurse:
To request a contact list, call DAIL-Adult Services Division (802) 241-0294
SAMS Users: Send SAMS Alert to LTCCC Nurse when form is completed

and

ADPC (Application and Document Processing Center):
Fax (802) 241-0514
280 State Drive Waterbury, VT 05671-1500