



# Harvey-Marion County CDDO

Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.

## Rescinding of Service Provider Choice

Consumer Name:	Phone:	Date of Birth:
Address:	Email:	KAMIS#:

**\*\*\* PLACE A CHECKMARK BY ALL PROVIDERS YOU ARE NO LONGER INTERESTED IN \*\*\***

<b>Targeted Case Management Providers (TCM):</b>				
<input type="checkbox"/>	Disability Supports of the Great Plains	<input type="checkbox"/>	Goodwill Industries of KS (ages 14 & up)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Other:
<b>Residential Service Providers:</b>				
<input type="checkbox"/>	DCCCA (CR)	<input type="checkbox"/>	ECKERD (CR)	<input type="checkbox"/>
<input type="checkbox"/>	ResCare Newton	<input type="checkbox"/>	ResCare KS, Inc: Shared Living	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Great Plains Support Services, LLC
<input type="checkbox"/>		<input type="checkbox"/>		Heart Land Supports, LLC
<input type="checkbox"/>		<input type="checkbox"/>		TFI Family Services (CR)
<b>Day Service Providers:</b>				
<input type="checkbox"/>	Goodwill	<input type="checkbox"/>	Great Plains Support Services, LLC	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Heart Land Supports, LLC
<input type="checkbox"/>		<input type="checkbox"/>		ResCare Newton
<input type="checkbox"/>		<input type="checkbox"/>		Other:
<b>Agency Directed Specialized Medical Care &amp; Overnight Respite Care Providers:</b>				
<input type="checkbox"/>	Integrated Behavioral Technologies	<input type="checkbox"/>	Maxim Healthcare Services, Inc	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Thrive Pediatric Care
<b>Assistive Services, Medical Alert &amp; Wellness Monitoring Providers:</b>				
<input type="checkbox"/>	Broadway Home Medical	<input type="checkbox"/>	MedScope America Corporation	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Taylor Drug
<b>Financial Management Service Providers (Self-Directed Personal Care Services):</b>				
<input type="checkbox"/>	Advocate Care Services, Inc	<input type="checkbox"/>	GT Independence	<input type="checkbox"/>
<input type="checkbox"/>	Life Patterns, Inc	<input type="checkbox"/>	SKIL Resource Center, Inc	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		ILRC
<input type="checkbox"/>		<input type="checkbox"/>		Helpers, Inc

***My signature below verifies that I have been informed of all available service providers within the Harvey-Marion County CDDO area, individual rights & wait-list information, as well as provider dispute resolution information. I have been offered and accepted, and/or declined, a copy of this information.***

***I had previously chosen a service provider(s), and I am no longer interested in services by that provider(s). My signature below verifies that I am no longer interested in services by the provider(s) marked above.***

Consumer Signature	Date
Guardian Signature (if applicable)	Date
HMCDDO Personnel	Date