

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

DISCHARGE/TERMINATION NOTICE

Participant name:

Address:

CM provider:

CSP:

Telephone Number:

***Date of discharge:**

Type of discharge/termination:

Participant Initiated (*Check if Participant initiated discharge*)

CSP Initiated Termination (*Check if CSP initiated termination*)

Case Manager Initiated Termination (*Check if CM initiated termination*)

Date the participant requested discharge (*provide the date the CM or CSP was informed by the participant/guardian of discharge*):

Reason for Discharge/Termination:

Date information provided to participant/guardian/parent if under age 18 regarding the availability of other providers and the right to appeal the decision to the Division:

When a termination is being appealed, the participant shall continue receiving services from the CM or CSP until a decision is reached after a hearing pursuant to SDCL chapter 1-26

Notice of CM or CSP initiated termination of services must be provided in an accessible format at least 30 calendar days prior to termination to the following:

Division of DD	Date sent: _____
Participant	Date sent: _____
Participant's guardian	Date sent: _____
Participant's advocate	Date sent: _____
Participant's parent, if minor	Date sent: _____
Participant's CSP	Date sent: _____
Participant's Case Manager	Date sent: _____

Signature of person completing form and date completed

***This is the last date the person received services from the agency, which is the date entered in the service record.**

<p>For use by Division staff only:</p> <p>Notice of discharge received: _____</p> <p>Date discharge summary due: _____</p> <p>Date discharge summary received: _____</p> <p>Discharge date entered on SBR database: _____</p> <p>Reason for discharge:</p> <p>Nursing Home ____ Moved out of State ____ Returned to Family in State ____</p> <p>Went to SDDC ____ Went to HSC ____ Went to Correctional Facility ____</p> <p>Lost HCBS Eligibility ____ Adult Foster Care ____ Reason Unknown ____</p> <p>Otherwise Discontinued Services Because (Reason not listed above) _____</p> <p>_____</p> <p>_____</p> <p>Reviewed by: _____</p>
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