

Notice of Suspension of Supported Living Services

AGENCY NAME		P1 NUMBER	
PROVIDER'S CONTACT PERSON AND TITLE		PROVIDER'S PHONE NUMBER	
Client Information			
CLIENT'S NAME		CLIENT'S ADSA ID NUMBER	CLIENT'S PHONE NUMBER
LEGAL REPRESENTATIVE'S NAME (IF APPLICABLE)		LEGAL REPRESENTATIVE'S PHONE NUMBER	
REGION	DATE OF SERVICE SUSPENSION	DATE OF NOTICE TO CLIENT / LEGAL REPRESENTATIVE	
<p>This notice indicates that the provider has temporarily suspended services to the identified client and is not responsible for the health, safety, and direct supports services assigned to the provider in the client's Person Centered Service Plan (PCSP) and the Individual Instruction and Support Plan (IISP).</p>			
<p>CIRCUMSTANCES LEADING TO SUSPENSION</p> <p>Explain the circumstances that led to suspension of the client's services. Explanation must include why actions or continued presence of the client endangers the health or safety of the client, other clients, those working with the client, or members of the public.</p>			
<p>CLIENT'S CURRENT LOCATION THAT CAN ADDRESS THEIR NEEDS</p> <p>Describe any interim services that will be provided during suspension.</p>			
PROVIDER'S SIGNATURE		DATE	RECEIVED BY DDA
			DATE
Provider Modification of Suspension			
DATE OF SUSPENSE MODIFICATION	DATE OF NOTICE TO CLIENT / LEGAL REPRESENTATIVE		DATE OF NOTICE TO DDA
<p>DESCRIBE HOW THE SUSPENSION IS BEING MODIFIED</p> <p>Explain any change to interim services or how the client's condition has changed to allow their safe return to services.</p>			

COPIES TO: Client; Client's Legal Representative; DDA RA