

## Financial Management Services (FMS)

### PARTICIPANT VOLUNTARY TERMINATION FORM

A participant<sup>1</sup> may voluntarily discontinue participant direction of waiver services at any time. This form is to be completed by the participant and Supports Coordinator when the participant has expressed their decision to discontinue participant direction of waiver services.

**1. Voluntary Termination information:** (Print/type)

Reason for termination:

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**2. Participant information:** (Print/type)

Participant's name: \_\_\_\_\_

Participant's phone number: (\_\_\_\_) \_\_\_\_\_

Participant's signature: (Sign) \_\_\_\_\_

Participant's Common Law Employer: (if not the Participant)

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Common Law Employer's phone number: (\_\_\_\_) \_\_\_\_\_

**3. Supports coordinator's (SC) signature:**

SC name (Print) \_\_\_\_\_

SC signature: (Sign) \_\_\_\_\_

Date signed: \_\_\_\_\_

Date form submitted to AE: \_\_\_\_\_

**4. Administrative Entity Responsibilities:**

Date PDS authorizations end-dated in ISP: \_\_\_\_\_

Date the AE submitted the form to VF/EA: \_\_\_\_\_

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<sup>1</sup> Participant for the purposes of this form includes the participant, power of attorney or legal guardian for a participant.

**Next steps:**

The AE and SC must retain a copy of the form.

The SC must provide a copy of the form to the participant/surrogate and CLE (when applicable).

The AE must provide a copy of the form to Palco to notify the us of the date that the authorizations for all participant directed services under Palco have/will be end-dated in the ISP.

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.**