

Idaho Self-Direction - Changing FMS Providers Written Notice Template

To whom it may concern:

I, hereby formally notify _____ in writing that I wish to change my self-directed service FMS provider from _____ to **Palco** at the start of the next quarter. Consider this letter my official notice, providing the required 60-days' notice to complete this change.

Sincerely,

Participant Name

Participant ID

Email or Fax this letter to:

Acumen: Email: Payroll-ID@acumen2.net **or** Fax: 855-264-3290

Consumer Direct: Email: infoCDID@consumerdirectcare.com **or** Fax: 877-898-0417