

Supports Waiver CSC Agency Letter of Transfer and Receipt

To be submitted to the DDS Regional Office with a copy of the submitted CIU within 5 days of the transfer meeting by the receiving agency. Copy of the submitted CIU must be faxed to the TPA at **(800) 251-9993**.

Date: _____
Participant: _____
SS#: _____
DOB: _____
Complete address: _____
Phone Number: _____

This letter is to confirm that the transition meeting and the transfer of records from the transferring CSC Agency, _____, to the new receiving CSC Agency, _____ has occurred. This transition will be effective as of _____.
(Must be the first of the month.)

Meeting Minutes:

The records included in the transfer are to include the following information as applicable to the individual:

Document(s)	Y/N/NA	Title/Date of Document	Pending or not yet obtained and who will be responsible for obtaining	Date received
Therap Records				
LOC				
ISP; attached documents & ISP including emergency back-up plans& budget revisions				
Current approval letter from ISD				
Meeting notes and correspondence				
Medical Documentation/History and Physical				
Centennial Care - Comprehensive Needs Assessments				
Other evaluations, assessments, plans (therapy, vocational, rehabilitation)				
IEP and DVR				
Allocation Letter				
Legal Paperwork; Guardianship/POA paperwork				
Any paperwork applicable to Supports Waiver Services				

including AT, EMOD, VMOD				
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If there are any questions, the transferring CSC agency's contact person is (name, title and phone):

Signature/title of transferring CSC Agency

Date

Signature/title of receiving CSC Agency

Date

By signing below, I confirm that I attended the transition meeting in person or by phone.

Signature of participant/legal representation