Print Form

**NORTH CAROLINA COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN**
**NOTICE TO DISCONTINUE PARTICIPATION**

DATE:__/__/____

| TO: **Provider** | FROM: **Case Manager** |
|---|---|
| Agency: _____ | Agency: _____ |
| Address: _____ | Address: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
| Contact Person: _____ | E-mail: _____ |

**RE: BENEFICIARY'S NAME: _____ MID: ___-__-____ _**

Parent/Responsible Party Name: _____
Phone: (___) ___-____ Address: _____

The following services/supplies/equipment from your agency are currently included on this beneficiary's CAP/C Plan of Care.
Please ☐ discontinue ☐ suspend provision of these services, effective, __/__/____.
Provision of these services ☐ will not resume ☐ may resume effective __/__/____.

| CODE | ITEM | AMOUNT/FREQUENCY |
|---|---|---|
| ☐ all services/supplies/equipment, or | | |
| ☐ just the following services/supplies/equipment: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach additional page if necessary.)

Thank you for your help in coordinating this recipient's home and community based services.
_____ _____, CAP/C Case Manager