DISENROLLMENT

Name: _____ DOB: _____ SSN: _____

Intake Date: _____ Disenrollment Date: _____

Name / Date Referral Agent Notified: _____
Letter Verification Sent: _____

Name / Date Recovery Support Service Provider Notified: _____
Letter Verification Sent: _____

Name / Date Recovery Support Service Provider Notified: _____
Letter Verification Sent: _____

Reason for Disenrollment: (Circle One)

Completed Services **Incarcerated / Revoked**

Moved **Unknown (Unable to locate)**

Client Withdrew **Other**

Desired Service No Longer Available

Other Note:

_____
_____
_____
_____

ATR / RSS Unit Representative: _____ Date: _____