Last Rev. 3-08-16

CCT LEAD ORGANIZATION SERVICE DISCONTINUATION REPORT

Reset Form

Please remove the individual named below from the CCT List.

INSTRUCTIONS: Please complete the box below and securely email the information to the CCT Unit as soon as you know the enrollee/participant has chosen, or is no longer able, to continue participation in the California Community Transitions project.

Name

Medi-Cal number

Date participation ended

Enrollment Discontinuation Reason (select one)

Death	Date of death:	
Moved out of state	Moved to:	
Other	Details:	
Unable to locate enrollee	Date last contacted:	

Participation Discontinuation Reason (select one)

Death	Date of death:	
Moved out of state	Moved to:	
Other	Details:	
Unable to locate participant	Date last contacted:	

Please securely email completed form to OLTC_CCT@dhcs.ca.gov

Lead Organization Name

Reporter:

Date