

### CCT LEAD ORGANIZATION SERVICE DISCONTINUATION REPORT

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](mailto:OLTC_CCT@dhcs.ca.gov)

Lead Organization Name

Reporter: \_\_\_\_\_ Date \_\_\_\_\_