

CARE AT HOME CHANGE OF CASE MANAGEMENT AGENCY REQUEST

Care at Home I

Care at Home II

On behalf of my child, I, _____ am requesting to change his/her case
(Parent/Legal Guardian Name)
management agency as follows:

Current Case Management Agency _____

Requested Case Management Agency _____

Parent/Legal Guardian Signature _____

Current Case Management Agency

Representative Signature _____

To be completed by the Requested Case Management Agency:

_____ will provide Case Management to the above-named applicant
(Case Management Agency) _____ will not provide Case Management to the above-named applicant.

Explanation: _____

I understand it is our responsibility to obtain all necessary medical
and social information from the previous case management agency.

Case Management Agency Representative Signature

Date

LDSS CAH Coordinator Signature

Date

cc: Participant Family/Guardian
Case Management Agency
Requested Case Management Agency
New York State Department of Health – CAH Program