Department of Developmental Services
Individual Budget Termination Form

To: F.I. Liaison, _____

From: Case Manager/Broker Name, _____

Region: _____ **Date:** _____

Fiscal Intermediary Name: _____

Individual's DDS # _____ **Name**: _____

Type of Change: Explain (From Individual Budget to contract, Individual Budget ending-no services needed, other)

Effective Date of Termination: _____

Funding Account(s): ☐ Day (16108) ☐ Res (16122) ☐ Forensic (12101)

If Res(16122): EFS (Enhanced Family Support) ☐ **VSP** ☐ **DSS** ☐ **MOU** ☐ **Other** _____

Annualized Amount of Individual Budget to be Terminated:
Day Amt. (16108) $_____ Res. Amt. (16122) $_____ Forensic Amt. (12101) $_____

Routing Instructions: Case Manager/Broker transmits completed form to indicated parties within DDS by e-mail and sends a paper copy to the family.

cc: Individual/Family
Assistant Regional Director, Private Administration: _____
Regional Fiscal Office Representative: _____

F.I. Liaison sends to
Fiscal Intermediary: _____
Provider(s): _____, _____, _____
Resource Manager I: _____
e-CAMRIS Data Entry: _____

FOR FISCAL OFFICE USE ONLY:

☐ Entered into Spend Plan ☐ Funds Transferred to Receiving Region

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