



## TERMINATION OF INTAKE

Service User's Name: \_\_\_\_\_

Service User's Date of Birth: \_\_\_\_\_

Intake Provider Name: \_\_\_\_\_

Intake for the person noted above is being terminated. Check which applies:

- The service user/representative has requested that DDSN Eligibility not be pursued at this time
  
- The service user/representative cannot be located and/or has refused to respond to three (3) consecutive attempts to contact him/her made within a 30 day calendar day period of time.

\_\_\_\_\_  
Intake Worker Signature

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

\_\_\_\_\_  
Printed Name of Intake Worker