

Notice of termination of Fiscal Management Services (FMS)

Self-administered services

Form number 2.9-T
Version Date: 5/2024

PRIVACY NOTICE: DHHS is collecting this personal data in order to terminate fiscal management services. This data will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data, DHHS cannot terminate fiscal management services. This data is part of record series: 15376.

Date: _____

To: _____ (FMS contractor)

This serves to notify you that, effective the last day of _____ (Month/year), your authorization to provide financial management services (FMS). will expire for the following person;

Name of person: _____

ID number: _____

Your authorization to submit additional billing for charges arising from the provision of FMS services to the above-referenced consumer expires on this same day. You are authorized and expected to process payment for any reasonable and approved obligations that you may be presented with for the above-referenced consumer up to fourteen (14) days after the expiration of your authorization as well as for such other obligations as may be authorized by the Regional Director.

However, since your provision of services to pay these additional obligations will have already been compensated, you are NOT authorized to submit additional billings to DSPD or the consumer for processing these additional obligations.

Support coordinator name

Support coordinator signature

INSTRUCTIONS: If the consumer has provided notice of their intent to transfer/terminate FMS services by the 15th of the month, enter the current month in the space above. If notice is provided AFTER the 15th, enter the FOLLOWING month.