GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH

Mental Health Rehabilitation Services (MHRS) Core Service Agency
Consumer Choice Form Child & Youth

The following MHRS Core Service Agencies have been identified as being available to enroll you. Please review the list carefully, ask questions, and make an informed decision as to which Core Service Agency you choose to provide your services.

Enrollment:

I, _____, by completing this form, am indicating my choice for my child of the MHRS Core Service Agency in which I would like to receive services.

MHRS Core Service Agency _____

Transfer: My child/youth is currently enrolled in a MHRS Core Service Agency and am requesting to transfer to a new MHRS Core Service Agency. My selection is noted below:

Current MHRS Core Service Agency: _____

New MHRS Core Service Agency _____.

Disenrollment: I am requesting that my child/youth be disenrolled from services from _____.

By signing below, I assert that I have made this choice on behalf of my child/youth of my own free will and that there has been no pressure or coercion involved with me making this decision.

_____ Child/Youth's Name (Printed)

_____ Date

_____ Child/Youth's Address

_____ City/State/Zip Code

_____ Parent/Guardian's Phone Number

_____ Child's Date of Birth

_____ Parent/Guardian's Signature

_____ Child's Social Security Number

_____ Medicaid Number

For Provider Only:

I, _____, have witnessed the consumer declare which MHRS Core Service Agency they have elected to be enrolled without my encouragement, coercion, inducements and promises of services or transactions that are monetary nature.

_____ ICAMS #:

_____ Provider Signature/Role/Date