



Richard Figueroa
Acting Director

Assisted Living Waiver Change of CCA Form



Gavin Newsom
Governor

I, _____

hereby request to cancel my services with the following Care Coordination Agency (CCA):

_____ as of _____.

I further request that my continued Care Coordination under the Assisted Living Waiver (ALW) to be provided by: _____.

I have made this choice freely, and understand my benefits under the ALW will not be altered or interrupted by this change in Care Coordination Agency. I further understand that my monthly care visits, and all required documentation pertaining to the ALW will be transferred to the new CCA I have selected. This form will serve to inform the administrator of the facility I currently reside in, the Care Coordination Agencies listed, as well as the Department of Health Care Services of my choice of Care Coordination Agency.

Date: _____

Responsible Signature: _____

Legal Authority of Signature: _____

It is the responsibility of the new CCA to forward copies of this document to each entity noted above.