

PROJECT AIDS CARE (PAC) WAIVER

REQUEST TO TRANSFER TO ANOTHER PAC WAIVER CASE MANAGEMENT AGENCY

This is a request to transfer from _____ (current case management agency) to _____ (future case management agency). I understand that to remain in the Project AIDS Care (PAC) program, it is necessary for me to choose another agency that will agree to provide case management services to me.

FREEDOM OF CHOICE:

I have been informed of all the choices for PAC Waiver case management agencies in my area and voluntarily elect to receive case management services from the agency checked below. Please mark the agency of your choice with an "X" in the left column.

CHECK ONE:

NAME OF PAC CASE MANAGEMENT AGENCIES IN AREA:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that if I choose not to transfer to another available case management agency, or if I am unable find an agency willing to provide me with case management services, my eligibility for Project AIDS Care Waiver will terminate and I will be disenrolled from the program.

Print Name of PAC Waiver Recipient: _____

Signature of Recipient: _____ Date: _____

Print Name of Witness: _____

Signature of Witness: _____ Date: _____

_____ Date: _____
Name of Case Management Agency that client is leaving