SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION
I/DD SERVICE DATA CHANGES FORM

Consumer Name: _____ Social Security # _____
Person/Agency Submitting Update _____ Date: _____

INSTRUCTIONS:
Changes should be submitted within 5 business days of any change in status.
New Services: Enter the New Provider name, Start Date and Funding Type for the new service.
Termination of Services: Enter the Current Provider name, Start Date, Funding Type, Closed Date and Reason Closed. Please refer to termination of services guide for instructions on terminating services.
Provider Changes: If adding a provider, enter the New Provider name, Start Date and Funding Type. If changing a provider enter the Current Provider name, Closed Date and Reason
Closed on the 1st line and the New Provider name, Start Date and Funding Code on the next line.

Service Type	Current Provider	New Provider	Start Date	Funding Code	Closed Date	Reason Closed Code

Comments: