GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH



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

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 com	npleting this form, am indicating my choice for my child of the MHRS receive services.
MHRS Core Service Agency	
Current MHRS Core Service Agency:	New MHRS Core Service Agency
	ld/youth be disenrolled from services from
By signing below, I assert that I have made there has been no pressure or coercion invol	his choice on behalf of my child/youth of my own free will and that lved 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
For Provider Only:	Medicaid Number
I,, Agency they have elected to be enrolled with services or transactions that are monetary n	have witnessed the consumer declare which MHRS Core Service nout my encouragement, coercion, inducements and promises of ature.
Initiating Supervising Clinician's NPI #:	Staff Initiating Transfer's NPI/Provider Signature/Role/Date
Releasing Supervising Clinician's NPI #:	Staff <i>Releasing</i> Transfer NPI/Provider Signature/Role/Date