

VOCATIONAL SERVICES EXIT REPORT
 DS 1969 (New 4/2004) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

PROVIDER AND REGIONAL CENTER INFORMATION

PROVIDER NAME		PROVIDER ID # (Regional Center Vendor #)		
PROVIDER ADDRESS		CITY	ZIP	STATE
FACILITY # (DOR Issued #)	FUNDING SOURCE NAME		FUNDING SOURCE #	

CONSUMER INFORMATION

LAST NAME		FIRST NAME		
UCI NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER		

REASON FOR LEAVING EMPLOYMENT

Employment Start Date		Employment End Date	
<input type="checkbox"/>	Consumer Transfer to Non-Habilitation Services	<input type="checkbox"/>	Provider Unable to Meet Consumer's Needs
<input type="checkbox"/>	Consumer Moved	<input type="checkbox"/>	Consumer Safety Needs not Able to be Met
<input type="checkbox"/>	Consumer Withdrew	<input type="checkbox"/>	Regional Center Case Closed/Inactive
<input type="checkbox"/>	Death	<input type="checkbox"/>	Not Regional Center Eligible
<input type="checkbox"/>	Illness or Medical Condition	<input type="checkbox"/>	Other
<input type="checkbox"/>	Terminated by Employer	<input type="checkbox"/>	

PROVIDER CONTACT	PHONE	EMAIL	DATE
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REGIONAL CENTER USE ONLY

REGIONAL CENTER CONTACT	PHONE	EMAIL	DATE
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NOTICE	<p>The information provided in these documents is protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). Reasonable and appropriate safeguards must be implemented to protect the confidentiality and integrity of this information in any format as well as during transmission in electronic format as applicable.</p>	<p>The Department of Developmental Services affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.</p>
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