

**Veterans Directed Care Program (VDC)
Disenrollment Form**

I, _____ (print name) am voluntarily requesting to discontinue my participation in the Veterans Directed Care Program (VDC). I understand that if I want to return to the VDC Program as a participant that I may contact my local VA medical center.

Signature of Veteran / Authorized Representative

Date Signed

Printed Name of Veteran

Telephone Number

Address

City

Zip

Printed Name of Authorized Representative (if applicable)

Telephone Number

Address

City

Zip

Reason for Disenrollment:

Voluntary or Involuntary (Please Circle)

<input type="checkbox"/>	Unable to make contact with Veteran or AR
<input type="checkbox"/>	Veteran placed in Long Term Skilled Nursing
<input type="checkbox"/>	Veteran Moved
<input type="checkbox"/>	Veteran Deceased. Date: _____
<input type="checkbox"/>	Other-

Was there an assessment completed for this Veteran?

<input type="checkbox"/>	Yes	Date: _____
<input type="checkbox"/>	No	

Was there a start date for this Veteran?

<input type="checkbox"/>	Yes	Date: _____
<input type="checkbox"/>	No	

If disenrollment is being requested as involuntary termination from the VDC Program, Case Managers' signature & date is the only required signature (should Vet or Authorized Rep not agree to sign /date form). The veteran, Authorized Representative, or Case Manager may complete this form. The Case Manager will keep the original signed form in the veteran's file, mail a copy to the participant, and notify Pennyriple Area Development Districts Financial Management staff.

Signature of Case Manager

Date Signed