

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT
OF BEHAVIORAL HEALTH



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

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 completing this form, am indicating my choice for my child of the MHRS Core Service Agency in which I would like to receive services.

MHRS Core Service Agency _____

Transfer: My child/youth is currently enrolled in a MHRS Core Service Agency and am requesting to transfer to a new MHRS Core Service Agency. My selection is noted below:

Current MHRS Core Service Agency: _____ **New MHRS Core Service Agency** _____

Disenrollment: I am requesting that my child/youth be disenrolled from services from _____.

Reason for disenrollment: _____

By signing below, I assert that I have made this choice on behalf of my child/youth of my own free will and that there has been no pressure or coercion involved 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

Medicaid Number

For Provider Only:

I, _____, have witnessed the consumer declare which MHRS Core Service Agency they have elected to be enrolled without my encouragement, coercion, inducements and promises of services or transactions that are monetary nature.

Initiating Supervising Clinician's NPI #:

Staff Initiating Transfer's NPI/Provider Signature/Role/Date

Releasing Supervising Clinician's NPI #:

Staff **Releasing** Transfer NPI/Provider Signature/Role/Date