



Non-Metro Area Agency on Aging ~ Tucumcari Data Center ~ A&D Consumer Deactivation Request Form

Provider: _____ Site: _____ Contact Name: _____ Contact Phone: _____	Deactivation Request form Uploaded to ShareFile on: _____	* Provider Certification of Accuracy * Were the consumer forms reviewed and verified for accuracy? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____ <input type="checkbox"/> <i>By checking this box and typing my name, I certify the status of the consumer(s) have been verified; and that the consumer(s) are <u>not</u> receiving services for the reason specified.</i>
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	Consumer's Name	Wellsky ID	Last Date of Service	Reason	* Non-Metro Only * Date Deactivated/By
1				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
2				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
3				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
4				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
5				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
6				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
7				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
8				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
9				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	
10				<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Institutional Care Facility <input type="checkbox"/> Other <input type="checkbox"/> Moved Out of Area Within State <input type="checkbox"/> Moved Out of State	

** Non-Metro AAA Staff Use Only **		
By signing below, I verify that I received this Deactivation Request.	Reviewed, Signed & Uploaded to ShareFile	
_____ Non-Metro AAA Staff Signature	<input type="checkbox"/> _____	Date: _____ Time: _____