



Polus Center Shared Living Change

To whom it may concern,
Please note below the following changes related to the residential support of the person listed below.

CONFIDENTIAL – TO BE READ BY ADDRESSEE ONLY

To:			
DMR	Guardian	Polus Sr. Mgt./Board	Other

INDIVIDUAL INFORMATION			
Individual's Name:		Service Coordinator:	
Provider:		Area Office:	
Program Director:		Date Effective:	

Change in provider status:	<input type="checkbox"/>	Details (include changes in work circumstances or any other change that may impact their support):	
New person staying in household:	<input type="checkbox"/>	Details (include relationship to current provider, length of stay, and verification of background check):	
New respite provider:	<input type="checkbox"/>	Details (include name, contact info and verification of background check):	
Other:	<input type="checkbox"/>	Details (any other changes in circumstances, including renovations/needed renovations to the home):	
Termination:	<input type="checkbox"/>	Termination Date:	Details (include reason for termination and plans for respite/temporary living situation and/or potential new provider being considered):

Program Director signature

Date