



AUTHORIZATION TO RE-DIRECT RESIDENTIAL, EMPLOYMENT OR RELATED SERVICE TICKET FUNDING FOR:

Please Print Full Name

I, the individual named above, authorize the St. Louis Office for DD Resources (DD Resources) to re-direct residential, employment, or related service ticket funding as outlined below:

1. I authorize a re-direction beginning: _____
Month Date Year

Please Note: Once DD Resources is notified that an individual has stopped receiving services from their original provider, the Individual will have 120 days to select another provider to redirect her/his units. Please contact a DD Resources Project Monitor to verify exact units. All requests are subject to review and approval by DD Resources.

2. The type of service ticket service I am re-directing funding for is (You can only redirect from same type providers, i.e. you can redirect residential units towards another residential provider. You cannot redirect employment units toward residential units, etc.):

Residential: _____ Related Service: _____ Employment _____

3. Name of Original Provider: _____

Amount of Units Authorized for Original Provider: _____

Total Dollar Amount Authorized for Original Provider: \$ _____

4. Name of New Provider: _____

By signing below, the following individuals are acknowledging that they are authorizing to re-direct service ticket funding from one like program to another and that they will adhere to the information outlined in the Residential, Employment and Related Service Ticket Manual. The following individuals also understand that funding is based on availability of dollars and all requested units might not be funded. This form is an update to the original Individual Service Agreement.

Individual if 18 or above and own Legal Guardian or Legal Guardian

Date

Agency Signature

Date

SLRO Service Coordinator/DD Resources Service Advocate

Date