

(SAMPLE FORM)

INTER-RSN NOTIFICATION OF CONSUMER RELOCATION

Consumer Name:	City/County
DOB:	SSN:
Agency:	Agency Phone Number: FAX:
Consumer Case Manager:	E-Mail:

Relocation To: _____ RSN _____ CITY/COUNTY _____

Date Of Relocation: _____

Name of RSN Contact Notified by Phone: _____ Date Notified: _____

This Form Transmitted On _____ To RSN Contact By: FAX E-MAIL MAIL
Date

Recommended Residential Level of Care: _____

Additional Comments:

I certify that _____ has been notified of the above named consumer's intent to relocate into their region.

Signature Agency Contact

Date

A copy of this form is to be forwarded to the RSN Regional Office.