

INSTRUCTIONS for ADv2 Voluntary Withdrawal Request

PURPOSE OF FORM

The ADv2 documents that the ADvantage Member (or potential ADvantage Member) voluntarily:

- a) withdraws from the ADvantage application process; or, requests termination of ADvantage services; and indicates any requests for referral to other service options; and
- b) understands the right to reapply for ADvantage services at any time.

HOW TO COMPLETE THE ADv2

Completed upon withdrawal from the application process. (completed by DHS)

Completed upon request for termination of services. (completed by Case Manager)

MEMBER INFORMATION

1. Enter the Member's County of Residence
2. Enter the Member's Name:
 - a. Last; b. First, c. Middle
3. Enter the Member's Address:
 - a. Street, b. City, c. State, d. Zip
4. Enter the Member's Medicaid number (9 digit unique identifier)

A. WITHDRAWAL REQUEST

Form

5. Enter the name of the Case Management Agency serving the Member.
6. Enter the name of the Case Manager.
7. Mark all of the Member's requests that apply at the time of withdrawal or termination (in cases of termination of services the case manager should also complete the ADV15 Discharge Evaluation form).
8. The Member, or person filling out the form, must write in the reason withdrawal is being requested.

Explain to Member

9. Provide the Member with information on available case management and/or service agencies.
10. Indicate the name of the agency(s) to which the Member requests referral(s).

SIGNATURES

Explain to Member

11. Have the Member (or legal representative) read the document and discuss any concerns to be sure it is understood and the selected service setting and case management provider is correctly marked. *(If the Member is unable to read the document, make arrangements to read or have it read to him or her.)*

Form

12. Have the Member (or legal agent) sign and date the document.
13. If the Member signs with a mark, obtain the dated signatures of two witnesses with no interest or conflict of interest in the Member's affairs.
14. Case Manager signs and dates the form.

ROUTING

DHS

1. Original document to ADvantage Operations, PO Box 50550, Tulsa, OK 74150-0550.
2. Copy to DHS Member file.

ADvantage Administration

3. Copy of documentation placed in Member file.