



## SERVICE TERMINATION APPROVAL REQUEST

**Instructions:** Use this Service Termination Approval Request (STAR) form to terminate Division of Developmental Disabilities - funded community, fee-for-service (FFS) programs and/or service packages identified on this form. Respite services, Individual Service and Support Advocacy (ISSA), or grant-funded services do not require termination approval.

**ALL individual Division of Developmental Disabilities (DDD) service authorizations (including day programs, therapies and ISSA) will be terminated, even if your agency is not the provider, when the service package is terminated, unless an Application for Individual Service Authorization, or other notice in writing, requesting continuation of a specified service is attached to this form.**

### SECTION A - Individual and Provider Information

Individual's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Recipient I.D. Number: (RIN/E-RIN) \_\_\_\_\_

Provider Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

DDD REGION:  Northwest  Central  Metro-No. Suburbs  Metro Chicago  
 Northcentral  South  Metro-So. Suburbs

### SECTION B - Program Termination

(Mark the program (s) that are being terminated with an "X")

DAY SERVICES		
X	PROGRAM CODE	PROGRAM DESCRIPTION
	31U	Community Day Services (CDS) - On Site
	31C	Community Day Services (CDS) - Off Site
	31S	DT FOR SODC
	38U	REGULAR WORK
	39G 39U	SUPPORTED EMPLOYMENT
	30U 35U 37U	OTHER DAY, ADULT DAY CARE, AND/OR AT-HOME DAY PROGRAMS

		RESIDENTIAL/SUPPORT SERVICES
X	PROGRAM CODE	PROGRAM DESCRIPTION
	17D	CHILDREN'S GROUP HOME
	19D	RESIDENTIAL SCHOOL/CHILD CARE INSTITUTION
	41D	SPECIAL HOME PLACEMENT
	42D	SUPPORTED LIVING ARRANGEMENT SLA
	60D	RATE MODEL COMM. INTEGRATED LIVING ARRANGEMENT (CILA)
	65H	HOURLY CILA
	67D/E/O	COMMUNITY LIVING FACILITY (CLF)
	73D	RELATED SUPPORT
	CHBS	CHILDREN'S HOME-BASED SUPPORT SERVICES
	AHBS	ADULT HOME-BASED SUPPORT SERVICES

Requested Termination Date: \_\_\_\_\_

Last Date Present in the Residential Site: \_\_\_\_\_

For CILA (60D) Only: If the requested 60D termination date is after the last date present in the residential site, you must attach a DHS/DDD Bedhold Request form (IL462-2027), even if there is less than 30 days difference between the two dates. DDD staff will adjust the 60D termination date to the last date present in the residential site if a complete Bedhold Request and documentation data are not attached to this STAR form in compliance with Division policy. If a bedhold request form is needed for this STAR, it must be completed and attached to this STAR at the time of the submission. Is it attached?  Yes  No (check one)

