



**INDEPENDENT SERVICE COORDINATION/INDIVIDUAL SERVICE AND
SUPPORT ADVOCACY (ISC/ISSA) TRANSFER REQUEST FORM**

This form is to be used when an individual receiving DD Waiver Services or their guardian request a change in Individual Service Coordination (ISC) Agencies for Individual Service and Support Advocacy services (ISSA). This form is to be completed by the individual/guardian and forwarded to the Proposed ISC for a decision.

1. Individual's Information

Name			
Last four of Soc. Sec. No.:		Medicaid RIN	
Home Address			
Telephone Number		E-mail	

2. Guardian's Information (if applicable)

Name			
Home Address			
Telephone Number		E-mail	

3. Current Providers and Services (attach additional pages if necessary)

Provider Agency Name	Type of Service/Waiver Program	Contact Information (Name, phone and E-mail address)

4. Current Individual Service Coordination (ISC) Agency

Current ISC Agency		Current ISC Contact (Name, Telephone Number and E-mail address)	
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5. Individual/Guardian Acknowledgement of Choice

Indicate the Proposed ISC Agency		
Signature of Individual or Guardian. <i>Sign below (*I understand by signing this form that I am requesting a change in ISC agencies for ISSA services.)</i>		Date

**6. Proposed Individual Service Coordination (ISC) Agency
(*This section must be completed within 14 days of receipt.)**

Date Request Received			
Proposed ISC Accepts Transfer Request	<input type="checkbox"/>	Date to Begin Services	
Proposed ISC Declines Transfer Request	<input type="checkbox"/>	Date Individual/Guardian Informed (of either decision)	
If declined, indicate reason:			
Signature of Proposed ISC Agency Director (or Designee)			Date



State of Illinois
Department of Human Services

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INDEPENDENT SERVICE COORDINATION/INDIVIDUAL SERVICE AND SUPPORT ADVOCACY (ISC/ISSA) TRANSFER REQUEST FORM

1. **Individual's Information:** Provide the Individual's Full Legal Name, social security number (SSN), 9 digit Medicaid Recipient Identification Number (RIN), current home address, telephone number, and Email address (if available).
2. **Guardian Information:** Provide guardian's current name, home address, phone number, and Email address (if available).
3. **Current Providers and Services:** Please list all current service provider agencies (for example: CILA, Developmental Training, Home Based Support Service Facilitation, etc.). Also, indicate the service or program received from this provider and the agency's contact person/phone number.
4. **Current ISC Agency:** Indicate the current ISC agency that is providing ISSA services and the ISSA contact person.
5. **Individual/Guardian Acknowledgement of Choice:** Indicate the proposed ISC Agency that the individual and or guardian would like to receive services from. The individual who retains their own rights or the guardian must sign and date this section of the form. ISC staff should remind the individual/guardian that by signing this form, they are requesting a change of ISC agencies for ISSA services only as indicated on the form.
6. **Proposed ISC Agency** (this section can only be completed by the proposed ISC agency):
 - The Proposed ISC Agency must record the date that the request was received.
 - Within 14 days of receiving the request, the Proposed ISC Agency will make a decision to accept or decline the individual's request for ISSA services and indicate the decision in this section of the form.
 - If the Proposed ISC agency agrees to provide ISSA services to the individual, the Proposed ISC must indicate a date to begin ISSA services. The Proposed ISC must contact the individual/guardian to notify them of this decision and record the date they were notified on the form. The Proposed ISC agency must also send a copy of the completed form to the Current ISC agency with a request for an ISC transfer packet. The Current ISC agency will provide the Proposed ISC agency with a copy of the transfer information prior to ISSA services starting.
 - If the Proposed ISC agency declines to provide ISSA to an individual in the DD Waiver for whom they have received this request, they must indicate the reason why.
 - In either case, the proposed ISC agency must contact the individual/guardian to notify them of this decision and record the date they were notified on the form. The ISC agency director (or designee) will then sign and date the form. A copy of the completed form must be returned to the Current ISC agency.