

DEVELOPMENTAL DISABILITIES ADMINISTRATION
EASTERN SHORE REGIONAL OFFICE

CONSUMER INFORMATION UPDATE
TO BE COMPLETED BY RESOURCE COORDINATOR

INDIVIDUAL'S NAME: FIRST _____ LAST _____

SSN: _____ D.O.B _____ (MM/DD/YYYY)

Deletion of Service(s) from CNL and PCIS:

_____ Date of Deletion: _____

Reason for Deletion: _____

Change(s): (i.e. caregiver, addresses, relocated to another county or state, deceased, etc.)

Type of Change: _____ Caregiver Change →→ →→ New Caregiver: _____

DOB: _____

_____ Address change (within state) →→→ New Address: _____
(**Only if not in a Residential/CSLA/IFC service)

_____ County change (case transferred to other county) FROM _____ TO _____

_____ Resource Coordination Choice Letter

_____ Moved out of State →→ →→ *New Address _____
(See note below)

_____ Deceased →→ →→ →→ Date _____

_____ Other _____

Comment: _____

Resource Coordinator Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO:
RFSC.ESRO@maryland.gov
EASTERN SHORE REGIONAL OFFICE
926 SNOW HILL ROAD, BUILDING 100
SALISBURY, MD 21804

*Only complete new address IF individual is remaining on CNL.

**Requires Service Neutral RFSC

FORM REV. 09/18/14