

The Caroline County Health Department

Health Officer, Scott T. LeRoy, MPH, MS

Deputy, Attillio J. Zarrella, Th.D

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| U | oorc | linati | on of | Commui | nity S | Services |



Developmental Disabilities Program

Phone: 410-470-8075 Fax: 410-479-5383 Toll Free: 855.236.3079

| | none. 410-4/0-80/5 Fax. 410-4/9-5383 Ton Free. 855.230.30/9 | | | | | |
|-------------------------|---|--|--|--|--|--|
| MEMORANDUM | | | | | | |
| To: DDA Eastern | Shore Regional Office | | | | | |
| From: | Date: | | | | | |
| RE: Verification | of Choice of Service Provider and SFP | | | | | |
| Comments: See | attached SFP | | | | | |
| Individuals Na | ne: | | | | | |
| Services Reque | sted: | | | | | |
| AGENCIES REVI | EWED: | | | | | |
| Date Reviewe | Agency | | | | | |
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| | | | | | | |
| Date Choices wer | reviewed: | | | | | |
| | | | | | | |
| Individual/Famil | :(Signature) | | | | | |
| Coordinator of Co | mmunity Services: | | | | | |
| CC: File | (Signature) | | | | | |