# DODD Notification of Individual Change in Status (NICS)
# Part 1

| Client First Name: | Client Last Name: | County: |
|---|---|---|
| Client #: | SSN: | Current Waiver Type: ☐ Level 1 ☐ I/O |

## SECTION 1 – NAME CHANGE

| Client Former Name | | Client New Name | |
|---|---|---|---|
| First Name: | Last Name: | First Name: | Last Name: |

## SECTION 2 – COUNTY TO COUNTY TRANSFER

| Sending County: | Receiving County: | Transfer Effective Date: |
|---|---|---|
| Date New County Notified: | Date ODJFS Notified: | |

## SECTION 3: TEMPORARY SUSPENSION OF WAIVER SERVICES

**Note: Recipient should be disenrolled after 90 days.**
**Always complete Section 3a on every submission regarding suspension of waiver services.**

| **SECTION 3a: TEMPORARY SUSPENSION**<br>Complete this section as soon as it is determined that a client needs to be suspended due to admission to a non-waiver facility or "Other" stated reason. | **Last date of waiver services:** | |
|---|---|---|
| **Reason for Suspension:**<br>☐ Hospital<br>☐ Nursing Facility<br>☐ ICF/MR<br>☐ Jail/Prison<br>☐ Other (explain) _____ | **Complete if Applicable:** | |
| | **Admission Date:** | |
| | **Facility Name:** | |
| | **Facility Address:** | |

**Note: If restarting waiver services, complete Section 3b with the last facility prior to restart if a transfer or multiple transfers have occurred.**

| **SECTION 3b: FACILITY TRANSFER:**<br>Complete this section if the client has been transferred from one facility to another. (For example: from a Hospital to a NF or from a NF to a Rehab Center etc.) | | **Discharge date from previous facility:** | |
|---|---|---|---|
| | | **Admission date to new facility:** | |
| **Old Facility:**<br>☐ Hospital<br>☐ Nursing Facility<br>☐ ICF/MR<br>☐ Jail/Prison<br>☐ Other (explain) _____ | **New Facility:**<br>☐ Hospital<br>☐ Nursing Facility<br>☐ ICF/MR<br>☐ Jail/Prison<br>☐ Other (explain) _____ | **Complete if Applicable:** | |
| | | **Admission Date:** | |
| | | **Facility Name:** | |
| | | **Facility Address** | |

**Complete Section 3a when restarting services.**

| **SECTION 3c: RESTART OF SERVICES :**<br>Complete this section if client has been **permanently** discharged from a non-waiver facility and/or waiver services have restarted. The Waiver Restart Date may vary based on information entered into CRISE. *ODJFS has verified that waiver providers can be paid for services on date of discharge from a facility.* | **Last date of waiver services:** | |
|---|---|---|
| | **Waiver Restart Date:** | |

| Completed by: | Phone #: | Ext. | Date: |
|---|---|---|---|