



Service Cancellation Report

Instructions

This form is used to report changes in scheduled services to include such circumstances as service cancellation, no shows by staff/consumer, etc. If a DSP is scheduled for a service and that service does not occur, this form should be completed and submitted on paperwork due dates (1st and 16th of each month). Consumers and/or their caregivers can also submit this form to The Arc to communicate a cancellation or no show for service by the DSP.

Consumer Information

Full Legal Name: _____

Medicaid #: _____

Date of Birth: __ / __ / __

Service Information

Type of Service (circle one):

1:1 Respite Group Respite Getaway SCL IMMT CDAC BASICS OASIS CHOICE

Other: _____

Scheduled Date: __ / __ / __

Scheduled Start Time*: __ : __

Scheduled End Time*: __ : __

* Use military time to document

Direct Service Provider Information

Full Legal Name (Print): _____ DSP ID # _____

Cancellation Information

Method of Cancellation (circle one):

Cancelled by DSP Cancelled by Consumer/Caregiver No Show by DSP No Show by Consumer

Other: _____

Reason for Cancellation: _____

This report was completed by:

Name (Print): _____ Date: _____

Name (Signature) _____

Completed forms must be turned in on the 1st & 16th each month to the Arc at:

680 2nd Street SE, Suite 200 • Cedar Rapids, IA 52401

Phone: 319-365-0487 • Fax: 319-365-9938

The Arc of East Central Iowa: Service Cancellation Report (Revised 1/14/08)

Office Use Only	
Office QA by: _____	Date: _____
Other QA by: _____	Date: _____
See Discussion Log: <input type="checkbox"/> Consumer <input type="checkbox"/> DSP	