



Member Name (First, Last Name): \_\_\_\_\_ Member DOB: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

**Virginia Medallion and VA CCC+ Community Mental Health Rehabilitation Services Member Choice Form**

**Member Information:** I am requesting services from a Mental Health Service (MHS) provider. I understand that I have the right to choose an agency to provide services to me or my child. I understand that I may only receive MHR services from **one provider** unless my health plan makes an exception. I may change providers if I am not satisfied with the services.

If assistance is needed with finding a CMHRS provider, review the list of providers located on your health plan’s website below or call your plan for assistance.

[uhcommunityplan.com/va/medicaid/ccc-plus](http://uhcommunityplan.com/va/medicaid/ccc-plus)

[uhcommunityplan.com/va/medicaid/tanf](http://uhcommunityplan.com/va/medicaid/tanf)

[uhcommunityplan.com/va/medicaid/famis](http://uhcommunityplan.com/va/medicaid/famis)

**The provider that I have freely selected to deliver MHR services to me, or my child is:**

<b>Provider Name:</b>	
<b>Provider Phone Number:</b>	
<b>Provider Contact Name:</b>	
<b>Provider Address:</b>	

By signing this form, I understand that I have chosen to receive services from this CMHRS provider, and I acknowledge that it is my responsibility to notify my previous provider so they can coordinate my care with my new provider. I understand that I am free to choose any CMHRA provider in my health plan’s network.

\_\_\_\_\_  
Member/Legal Guardian Signature Date

\_\_\_\_\_  
Printed Legal Guardian Name (if applicable)

**Providers Information:** A Member Choice form is required prior to receiving any community mental health rehabilitation services. This form requires member/legal guardian signature, date, identified provider with telephone and contact name. The provider is responsible for coordinating the transition of care with the member’s previous provider prior to starting services.

\_\_\_\_\_  
Provider Signature Date