



Human Services Department

Wyandotte County Developmental Disabilities Organization

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Exit Transition

I _____ have requested not to be present at the transition meeting held for _____. I acknowledge that releases of information must be signed prior to transition proceedings. The exchange of information between providers may take place in my absence.

I would like to Transition the following services: Day Residential Case Management

Consumer Signature

Date

Signature of Person/Guardian, if applicable

Date

FOR CDDO OFFICE USE ONLY:

Received by CDDO staff: _____

Date: _____