Provider actions to end or reduce employment services or day support activity services
My service exit situation is...

- Individual voluntarily exits
  - CLICK HERE TO GO TO PAGE 1

- Individual involuntary emergency exit
  - due to behavior health & safety
    - CLICK HERE TO GO TO PAGE 2

- Involuntary exit less than 10 people
  - CLICK HERE TO GO TO PAGE 3

- Involuntary exit 10 people or more
  - CLICK HERE TO GO TO PAGE 4

- Individual is fired from community job OR community employer contract ends
  - CLICK HERE TO GO TO PAGE 5

- Service Agreement non-renewal
  - CLICK HERE TO GO TO PAGE 6

ODDS Notice of Employment/DSA Exit Form (click here)

ODDS Complaint Form (click here)
**PAGE 1 - Individual Voluntarily Exits**

- **Individual**
  - I want to voluntarily exit services
    - Tell CME & Provider
      - Fill out change form
      - Optional: request exit meeting
      - Is exit meeting requested?
        - Yes: Coordinate exit meeting
        - No: END

- **CME**
  - Optional: CME or any ISP member may request exit meeting

**ODDS Notice of Employment/DSA Exit Form** *(click here)*

**ODDS Complaint Form** *(click here)*
PAGE 5 - Individual is Fired from a Community Job

* When an individual is fired from their job there should be an ISP meeting to discuss services available to support the individual to meet their goals.

**ODDS Notice of Employment/DSA Exit Form (click here)**

**ODDS Complaint Form (click here)**
PAGE 6 - Service Agreement Not Renewed

ODDS Notice of Employment/DSA Exit Form (click here)

ODDS Complaint Form (click here)