

(Insert Letterhead Here)

DISENROLLMENT FROM EASTERN MISSOURI AUTISM PROJECT

Insert Date Here

Dear **(Insert Name Here)**:

(Insert Name Here) is currently enrolled in the Eastern Missouri Autism Project (EMAP) and therefore eligible to receive funding for approved services up to \$1,500 per year.

This letter serves to inform you of official **disenrollment** from the Eastern Missouri Autism Project for the following reason:

- _____ Individual has been discharged from the Division of Development Disabilities.
- _____ Individual has moved out of Missouri.
- _____ Individual has transferred out of Eastern MO Autism Project region.
- _____ Individual has entered a Home and Community Based Medicaid Waiver.
- _____ Individual has declined receiving services funded through EMAP.
- _____ Individual has not utilized funding for more than a year.

The St. Louis Regional Office and the Eastern Missouri Autism Project are committed to ensuring that all individuals enrolled in the Project access services. If the reason marked above indicates that funding has not been utilized for more than a year, I have already contacted you in order to assist you in obtaining services to assist you or your loved one remain integrated within the home and community. That contact has not resulted in renewal of EMAP-funded services. For that reason, I am taking action to disenroll you from EMAP.

In the future, if you would like to re-enroll in EMAP, please contact me and ask to be referred again. Re-referral will result in your name being added to the wait list.

Please keep this letter with other important documents. A copy of this letter will be forwarded to the EMAP Coordinator, the Family Resource and Autism Specialist, and a copy will be placed in your official case file.

Sincerely,

(Insert Your Name Here)

(Insert Your Title Here)

c: EMAP Coordinator, Family Resource and Autism Specialist, case file