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| **MICHAEL L. PARSON**  GOVERN**O**R  **VALERIE HUHN**  DEPARTMENT DIRECTOR  **JESSICA BAX**  DIVISION DIRECTOR | State Seal-Color.JPG  STATE OF MISSOURI  DEPARTMENT OF MENTAL HEALTH  **DIVISION OF DEVELOPMENTAL DISABILITIES**  <https://dmh.mo.gov/dev-disabilities> | **ST. LOUIS REGIONAL  TRI-COUNTY OFFICE**  Emily Rinehart  Regional Office Director  Angela Logan  Regional Office Assistant Director  111 N. 7th St., 6th floor  St. Louis, MO 63101  314-244-8800 |

**DISENROLLMENT FROM EASTERN MISSOURI AUTISM PROJECT**

**Date**:

**Dear:**

**Individual Name DMH# xxxxxxx** currently enrolled in the Eastern Missouri Autism Project (EMAP) and therefore eligible to receive funding for approved services up to $1,800 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 one year, I have already contacted you to offer assistance in obtaining services for you or your loved one to 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 discharge 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, and a copy will be placed in your official case file.

Sincerely,

c: EMAP Coordinator, case file