



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES



A Healthcare Service Agency
REQUEST FOR CONTINUATION OF SERVICES

A written request for continuation of services may be submitted to the DMHAS Commissioner when services have been terminated without an offer of modified services. The request shall be filed not later than 5-business days after the client receives notice of the change and must be separate from the client's grievance regarding the action. The DMHAS Commissioner or designee shall issue a decision no later than 5-business days after receiving the request. The decision may uphold the action or order the requested services continued, modified and will remain in effect while the grievance or, Fair Hearing is in process.

INSTRUCTIONS: COMPLETE THIS FORM AND SEND IT TO:

Commissioner, Department of Mental Health and Addiction Services
410 Capitol Avenue, 4th Floor PO Box 341431 Hartford, CT 06134
FAX: 860-418-6691

From: \_\_\_\_\_
(Name of the client or person legally authorized to act on behalf of the client)

Contact information: \_\_\_\_\_
(Street Address)

Phone Number: \_\_\_\_\_
(City, State and Zip Code)

Facility/Program or Provider Involuntarily Terminating Services: \_\_\_\_\_

Client Rights Officer (or designee): \_\_\_\_\_

The date you were notified mental health and/or substance use treatment services were terminated without an offer of modified services: \_\_\_\_\_
(Date)

Have you submitted a grievance to the above Facility/Program or Provider regarding this action? [ ] Yes [ ] No

- Describe the services that were involuntarily terminated:

\_\_\_\_\_  
\_\_\_\_\_

(if necessary continue on back of this form or attach additional pages)

- What are your reason(s) for requesting services be continued?

\_\_\_\_\_  
\_\_\_\_\_

(if necessary continue on back of this form or attach additional pages)

(CLIENT OR AUTHORIZED PERSONS SIGNATURE)

(DATE)

See the DMHAS Website for more information on the DMHAS Client Grievance Procedure (www.ct.gov/dmhas/crg) or contact: the DMHAS Client Rights and Grievance Specialist, 1-800-446-7348 (# 6933) or 860-418-6933

Confidentiality: This form is intended only for the use by the individual(s) to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.