

Date: \_\_\_\_\_

RE: PASSPORT Contract Termination Notice

Attn: Suzanne Burke, CEO of Council on Aging  
[Provider\\_Services@help4seniors.org](mailto:Provider_Services@help4seniors.org)

This is official notice that PASSPORT Provider, \_\_\_\_\_, would like to formally terminate their PASSPORT Agreement with Council on Aging (COA) in the AAA-1 region. It is understood that this contract termination will impact any PASSPORT contract currently held by our agency with COA.

*(Check the correct option for your agency below.)*

☐ We have not been serving any COA PASSPORT/MyCare Ohio clients in the past 12 months.

We would like our PASSPORT contract termination with COA to be effective 7/1/25.

☐ We have served COA PASSPORT/MyCare Ohio clients within the past 12 months, but we are not currently providing any services. We would like our PASSPORT contract termination with COA to be effective 7/1/25.

☐ We are currently serving COA PASSPORT/MyCare Ohio clients and have submitted a 30-day notice of termination to the impacted clients and their case management staff on \_\_\_\_\_ . Our last day of service for these clients will be \_\_\_\_\_ , or when a new provider can assigned to begin services, whichever occurs first.

If you should have any questions, or need any further documentation, please contact the individual listed below for assistance.

Contact Staff Name: \_\_\_\_\_

Contact Staff Phone #: \_\_\_\_\_

Contact Staff Email Address: \_\_\_\_\_

Sincerely,

Signature - \_\_\_\_\_

Full Name - \_\_\_\_\_

Title - \_\_\_\_\_