

COA/PSA-1 Contract Renewal Notice for

PASSPORT Choices Home Care Attendant Service (CHCAS) Provider

Legal Full Name:	
Address:	
Contact Phone:	
Email Address:	
By signing and submitting this form it is understood that the individual referenced above agrees to maintain the requirements of the PASSPORT Waiver program, and that I wish to continue as a contracted and certified provider with the Council on Aging (COA) and the Ohio Department of Aging (ODA).	
Printed Name	
Title	-
Signature	Date