

Date: _____

RE: PASSPORT-Choices Contract Termination Notice

Attn: Suzanne Burke, CEO of Council on Aging
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 with COA.

(Check the correct option below.)

☐ I have not been serving any COA PASSPORT/MyCare Ohio clients in the past 12 months. I would like my PASSPORT contract termination with COA to be effective 7/1/25.

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

☐ I am 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 _____. My 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 use the contact information below to reach me.

Name: _____

Phone #: _____

Email Address: _____

Sincerely,

Signature - _____

Full Name - _____