



## NORTH CAROLINA INNOVATIONS WAIVER PARTICIPANT TERMINATION NOTICE

Complete this section when terminating services with Acumen		
PARTICIPANT NAME:		
TERMINATION DATE:	CHECK ONE	
	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY <input type="checkbox"/>
REASON FOR TERMINATION:		
NAME AND TITLE OF PERSON AUTHORIZING TERMINATION:		PHONE:
SIGNATURE:		DATE:

**PLEASE EMAIL, FAX OR MAIL COMPLETED AND SIGNED FORM TO:**

ACUMEN  
5416 E BASELINE RD., SUITE 200  
MESA, AZ 85206

**Email to: [enrollment-nc@acumen2.net](mailto:enrollment-nc@acumen2.net)**

**Fax 855-262-3292 Phone 866-811-3099**