TERMINATION OF SPECIAL HEALTH SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SPECIAL HEALTH SERVICES UNIT
SFN 760 (8-2023)

County
SHS ID Number

INSTRUCTIONS: Submit only on cases approved for Diagnostic Testing and Evaluation or Treatment Services through the SHS Financial Coverage Program.

I. RECOMMENDATION

It is recommended that Special Health Services be terminated for
☐ Diagnostic Testing and Evaluation ☐ Treatment

Name of Child			Date of Birth
Name of Parents			
Address	City	State	ZIP Code

The basis for the above recommendation is as checked below:

☐ Child reached 21st birthday

☐ Child has relocated out-of-state (list new address below)

Address	City	State	ZIP Code

Has a request been made for referral to the Special Health Services program in the state to which they are moving?
☐ Yes ☐ No

☐ Child is deceased	Date of Death
☐ Parent or individual is financially able and willing to provide recommended care	
☐ Parent or individual does not wish further care or has not responded to repeated contact attempts	
☐ Parent or individual failed to submit current financial, medical, and/or care coordination information	
☐ Care to be provided under Medical Assistance/Medicaid	Effective Date
☐ Other Reason (specify):	

II. DISPOSITION: (To be completed by State Office)

☐ Child has received maximum benefits possible through Special Health Services in a 12-month period	Date of Termination
☐ Case closed for Special Health Services for reasons given above	Date of Termination

Signature	Date

DISTRIBUTION: The original copy of this form will remain in SHS and be distributed to necessary providers.