

10-Day Letter to Client Form

REQUIRED FORM:

This form is a required form in client file for Medi-Cal providers only

WHEN:

This form is completed 10 days before possible discharge

COMPLETED BY:

Authorized agency representative and client

REQUIRED ELEMENTS:

- **Date:** Complete the date when the form is completed.
- **Client's Name:** Complete client's full name.
- **Reason for possible discharge:** Document the reason for client's possible discharge from the program.
- **Printed Staff Name:** The staff completing this form will print their name.
- **Staff Signature:** The staff completing this form will sign.

NOTES:

This form must be completed and given or mailed to client ten days before discharging them from the program to allow them with sufficient time to appeal the decision (discharge), if they choose.